MILITARY CHAPLAINS' REVIEW

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PREFACE

The *Military Chaplains' Review* is designed as a medium in which those interested in the military chaplaincy can share with chaplains the product of their experience and research. We welcome articles which are directly concerned with supporting and strengthening chaplains professionally. Preference will be given to those articles having lasting value as reference material.

The *Military Chaplains' Review* is published quarterly. The opinions reflected in each article are those of the author and do not necessarily reflect the views of the Chief of Chaplains or the Department of the Army.

Articles should be submitted in duplicate, double spaced, to the Editor, Military Chaplains' Review, United States Army Chaplain Board, Fort George G. Meade, Maryland 20755. Articles should be approximately 5 to 30 pages in length and, when appropriate, should be carefully footnoted.

Use of funds for printing of this publication has been approved by Headquarters, Department of the Army, 7 September 1971.

A FOUR STAR COMMENT

I expect my chaplains to help me bridge the generation gap and to fully understand the young men and women under my command. What are their hangups, real or fancied? What are the real questions, to which they are seeking answers? Is man so thoroughly enmeshed in the material things of this day that he can free himself only by a violent overthrow of certain institutions or by a religious revival apart from the churches? Will man's thirst for fulfillment be satisfied only in the things of God? Do our disenchanted youth really know religious love; has anyone told them the Good News? Are we not meeting increasingly large numbers of young men and women who have had no formal contact with a church or Sunday School of any kind? I believe that this generation is forcing us to answer these and other very good questions. They may bang their cups on the highchair for attention, but they can make us squirm for answers. The traditional authorities and answers are all under serious review.

I want to avoid creating the impression in anyone's mind that I see religion as nothing more than a *tool* of command or simply a means of motivating or even consoling the soldier. Religion in the Army has the same clear "raison d' etre" that it has had throughout human society. The things of God are clearly the things of God, and they are not a means, but an end in themselves, needing no justification from me or any other commander.

General Ralph E. Haines, Jr.
Commanding General
US Continental Army Command

IN THIS ISSUE

For many years civilian and military persons with expertise in various professional areas have shared their knowledge and experience with Army chaplains. They have spoken at the Chaplain School and at various training conferences and workshops. Unfortunately these speeches were never circulated widely to chaplains throughout the world. The better the content, therefore, the greater the loss. This issue of the *Military Chaplains' Review* contains, among other things, a few of the addresses made in the past year which we feel will abundantly benefit chaplains in their ministry to the men and women of the Army.

The comment on the previous page by General Haines was made last year in an address to senior chaplains attending the Command Chaplains Conference. Because of its significance, it has been placed at the beginning of this volume.

The first article is a speech by Chaplain (COL) Thomas A. Harris which was originally delivered to a Department of the Army Conference on Alcoholism and Drug Abuse. Chaplain Harris is the Staff Chaplain in the Office of the Surgeon General.

This issue also contains two presentations given at the Third Army Chaplain Training Conference, one by Tommie L. Duncan on the subject of drug abuse and one on black history by the Reverend Dr. Grant S. Shockley. Mr. Duncan is the Executive Director of the Tarrant County Mental Health and Retardation Center, Fort Worth, Texas. His book, *Understanding and Helping the Narcotic Addict,* has been distributed widely to chaplains and has been well received. Dr. Shockley is Professor of Christian Education, Candler School of Theology, Emory University, Atlanta, Georgia.

Several articles reflect the experiences of chaplains in important areas of ministry. The one by Chaplain (LTC) Alister C. Anderson, for example, was based on his experience of supervising clergymen and seminarians at Spring Grove State Hospital, Baltimore, Maryland. He is currently assigned as the Assistant Center Chaplain, Walter Reed Army Medical Center, Washington, D.C. Chaplain (LTC) Anthony L. Capitani's article comes from his research and work as a chaplain at the Brooke Army Medical Center, Fort Sam Houston, Texas.

Two articles on the important subject of the chaplain's role in value education in the Army appear in this issue. The first is by Chaplain (COL) Bertram C. Gilbert, President of the US Army Chaplain Board. The second is by two chaplains stationed at Fitz-

simons General Hospital in Denver—Chaplain (MAJ) Robert D. Crick and Chaplain (CPT) Douglas J. Groen.

Chaplain (COL) Chester R. Lindsey, Commandant of the Chaplain School, describes the exciting changes which have occurred in the Advanced Course.

The contents of this issue reflect the types of positive contributions we hope to print in future issues of the *Military Chaplains' Review*.

GERHARDT W. HYATT
Chaplain (Major General) USA
Chief of Chaplains

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IDENTIFYING THE DRUG PROBLEM

By Chaplain (Col) Thomas A. Harris

The struggle to reclaim or rehabilitate one whose life and patterns of thought have been built around drug usage is the struggle to rehabilitate you and me. This truth became evident to me as I attempted to decide what to say to this group. Looking at the matter of drug dependency, I could see that there is in our present state of knowledge *NO* clear-cut answer. No known treatment approach exists that can insure positive results with all cases of drug dependency. Many different approaches exist that in some instances work with part of the problem for specific individuals. Any group of people deeply concerned with the problem, therefore, will tend to come up with a concept of multi-modal, multi-disciplinary treatment approaches. We are acting like a football team which is behind by six points with only a few seconds left to play. We'll try anything that just might work. That is the reality picture. Something must be done; therefore, try anything. And, I thought, with our knowledge of possible cures at such a primitive level, isn't it an excursion into flights of fancy, as wild as anything psychedelic drugs can offer, to spend this much money and this much time on such a conference? At that point the light came on. Here is what I mean.

FINDING MEANING IN LIFE

Whatever else is bugging the steady user of alcohol or other mind-affecting drugs, one generalization seems to hold: life itself is not providing the positive feedback that the drug user wants. He has not found the personal relationships with family and friends that help him believe in himself and in life itself. He has not found a way of relating to life that makes sense for him without the need for some extra kick or some dulling of the edges of daily realities. There is not sufficient evident meaning in the way he is called upon to expend his energies, whether physical or emotional or both. I am now talking about the whole package of life—including work, play, and a sense of meaning.

It is true that the individual who is caught up in drug patterns began primarily because he had no over-all goal in life, the reaching of which was more important to him than anything else. With a goal, with a sense of meaning, and with some self-rewarding personal relationships, we have no real need for substitute gratifications. Without a goal, a system of meaning and values, and without some sense of belonging, we are sitting birds for all sorts

of inadequate life-styles, including those of the drug world. When we make sense of *who* we are and *where* we are and where we want to *go,* then we have the strength we need to accept frustration, conflict, fatigue, boredom, and depression, without reaching out frantically for destructive dependencies, chemical or otherwise. We therefore come to the conclusion that any attempt to cope with the drug problem, if it is to be successful, must address itself to the problem of *what it means to be human.* Such a question cannot be answered by medical models alone. A drug to take away dependency upon other drugs is still a drug on which we become dependent at the risk of losing something of our humanity. And any behavioral short cut finally comes up against the question of its own worth for a fully human life.

THE IMPORTANCE OF THE CLERGYMAN

My primary role here, I suppose, is to highlight the importance of the clergyman, military or civilian, in any viable approach to the drug problem. My conclusion ought to appear clear. Gordon W. Allport some time ago made a similiar point in an outline of what he called "attitudinal therapy." [1] It was his concept that no psychological or sociological problem is handled without assisting the troubled person to work through to a system of meaning and values and a set of goals that he could appropriate for himself. He saw the clergyman as essential to such an approach because he felt that the seriously religious person could hear another person in the throes of that person's struggle for meaning. He felt that the clergyman, whom he called "intrinsically" religious, could provide the atmosphere of honesty and acceptance in which another person could be supported in his own search for life. He felt that the intrinsically religious person could allow other life styles that were not destructive to the individual or to those with whom he relates and could provide the non-possessive warmth needed during the struggle for a better way.

It is true, as Allport saw, that not every clergyman meets the requirement. Many are what he called "extrinsically" religious. They are dedicated to the perpetuation of an institution or the maintenance of inflexible doctrine, and they can be destructive in their work with others who are outside of that institution and who cannot accept the doctrine offered. Such an approach, rejecting and judgmental as it is, can cause more problems than it cures. The present emphasis in the on-going training of the Army chaplain, therefore, is to place him in a setting of crisis in such a way as to involve him with other members of a helping team

[1] "Mental Health: A Generic Attitude," *Religion and Medicine,* David Belgum, ed. (Ames, Iowa: Iowa University Press, 1967) pp. 45–60.

trained in many and varied approaches, and to do so in such a way as to promote mutuality of communication and thus to encourage growth for all members of the dialogue. This is not to take away the answers, the questions and the supports of, to borrow Allport's term, "intrinsic religion." It is rather to assist the chaplain to understand himself better and thus enable him to relate more sensitively to others who are striving to explore and identify with goals that are greater than the cuts and bruises that one risks in such involvement. It may be a struggle to identify with goals that are more important even than whether the individual lives or dies.

Thus the chaplain is vital to any lastingly effective rehabilitative approach, but he is valuable only to the extent that he *shares* in the process both with other members of the team and with those the team is striving to help. What I am saying is that medical techniques and chemical substances have a vital place in our program. So also do psychological techniques and insights, as well as sociological, legal, recreational, and occupational insights, observations, and approaches. Never forget, furthermore, that probably one of the greatest sources of strength in any such program must be that of sound leadership. It is essential to provide as a model a leader who believes in himself, in what he is doing, and in life itself, and who is unself-consciously so dedicated to what he is doing that he tends to forget about himself. This is the strong leader so idolized by the military community, both in fantasy and in reality, through the ages. The chaplain is indeed needed, but only as a member of the great fraternity of those who work together for a better way of life.

The Chief of Chaplains, Department of the Army, has asked that chaplains be included in each of the rehabilitative teams now being formed throughout the world. This does not mean that other chaplains are not a part of the answer wherever they serve, but the incorporation of a chaplain in each team demonstrates nonverbally the realization that we have here a problem deeply caught up in the significant question of the purpose of life itself.

THE TYPE OF PEOPLE THE MILITARY NEEDS

I am convinced that what I have attempted to spell out as a part of the approach to the drug problem is not a negative attack against chemical substances and their usage; it is rather a positive attempt to turn people on to life itself. It is not by getting people off of drugs that they find meaning. It is rather that in finding a meaning for themselves, people no longer have the need for artificial means of turning on. I am emphasizing here a matter of absolute concern for all of us. It is not only the drug depen-

dent person who needs to find meaning and value and purpose. It is every one of us.

It is certainly evident that what the military needs is people who are dedicated to a way of life, people who are not simply seeking a parasitic way of existence within a large institution that has both continuity and stability. The military needs people who believe that our civilization needs to be improved and perpetuated. It needs people who feel that in the military they find an opportunity to serve the best values that man stands for. It needs people committed to peace, to the protection of the weak, to the need to translate concern and care into effective action. It needs people who believe that the way of life they have chosen is in itself more important than whether or not they advance with their peers up the ladder of institutional approval. It needs people who are willing to take a stand against trends in the institution that may work against the attainment of a better world. It needs people of integrity, and integrity comes only from those who have a goal that is greater than their own comfort or their own acceptance by any system.

When I have said that, I have said in addition that such people are what the *world* needs, and without them the matter of living is only a matter of putting in time. Until we find for ourselves a reason for living greater than the details of what happens to us while we live, we are subject to all sorts of dependencies. We may not use hard drugs or rely overly on alcohol, but we may come up with other inadequate life styles. We may serve ambition without concern for others. We may lie and cheat and manipulate to buy comforts or to achieve status. We may see the people with whom we live as objects to be used for our greater enjoyment. We may fill in our days and nights with inane and inevitably destructive activities. Or we may settle down into lives of quiet boredom, lives which put out the light in the spirit of those with whom we live.

CONCLUSION

Do you see what I mean? I am sure that it is not absolutely clear even to me as I strive to express these ideas. But whatever else it means, it means the realization that we are not simply involved in a war against drug dependency—with the drug dependent people of our world identified as the target. We are engaged in a *fight for life,* in a struggle which is just as vital for you and for me as for the drug user. I think that only if we really see how involved we are in a common struggle can we be fully helpful to other people who have elected to use a chemical crutch. We have our own crutches and our own compelling need to learn how to

use them appropriately, or, better still, how to put them aside altogether and rely on the inner strength that a life of dedication to a worthwhile goal can insure.

UNDERSTANDING THE DRUG SCENE

By Tommie L. Duncan

Lack of agreement on a definition of drug abuse makes it difficult to understand the problem, much less plan a constructive program. Drug abuse is variously defined as a legal, moral, medical or social problem. The legal definition equates drug abuse with the mere action of using proscribed drugs or using a drug under proscribed conditions. The moral definition is similar, but greater emphasis is placed on the motivation or purpose for which the drug is used. The medical model opposes unsupervised usage but emphasizes the physical and mental consequences for the user. The social definition stresses social responsibilities and adverse effects on others. Furthermore, drug abuse has not remained constant; it has been changing. It is therefore not surprising that pragmatic goals and actions frequently conflict. Thus the drug scene today does not look the same as it did five years ago, ten years ago, or twenty years ago. As recently as ten years ago, I think I could reasonably say I knew personally most of the opiate derivative users in the Southwest, because they came in and out of the hospital for treatment. I think perhaps the drug scene today almost defies imagination, because it's here, it's there, it's everywhere, and in no two instances does it look the same.

REACTIONS TO DRUG ABUSE

Let's look closer at the drug scene in an attempt to try to understand it. First of all, it is both a symptom and a cause. It is not an isolated or unitary phenomenon but is, on the contrary, a powerful social and cultural indicator that reflects the quality and the character of life in the society. Whatever it is that we are trying to describe, it has stimulated society to react—and often to overreact—to the actual and threatened consequences of widespread illicit drug usage, especially among the young. Part of society's overreaction to the problem can be attributed to the common tendency toward nonthinking which does not recognize any refined or subtle distinctions between the concept of illicit use and the realities of hard core abuse. The net result is a lumping together in the public mind of all kinds of illicit behavior which extends from minor technical transgressions up to and through dependency and serious involvement. In this type of thinking the danger is seen as equivalent to the total number of people who have used drugs illicitly. Thus, by definition, we have on our hands

an overwhelming and very threatening problem. We may have failed to recognize the extent to which unexamined attitudes, values and opinions are embedded in the issue and the tendency of most people to react on the basis of a priori feelings and assumptions rather than on the basis of a careful analysis of the facts. Current reaction frequently borders on hysteria, which seriously impedes the kind of constructive thought and action which is required to mount a significant attack on the core problems of acts, casualties, and consequences of drug abuse.

At the risk of oversimplification, positions currently being taken by individuals and groups in the society can be characterized in ideological terms as hawk, moderate and dove. The distribution is neither uniform nor bell-shaped, and there are many indications that the majority, primarily older persons and those with adolescent children at risk, are hawkishly disposed. A significant vocal minority, mainly recruited from the young, white, middle class, can be classified as doves. And the much smaller heterogeneous group of individuals who hold moderate attitudes and opinions can be found in various age and social class strata. Unfortunately, moderate, informed voices are seldom heard above the general din. Many of the hawks have mixed feelings, because they do not want to see their children arrested or exposed in a fashion that will threaten future careers. In this highly charged atmosphere of contrary attitude and opinion, rational discourse is rare and difficult. Without special effort on the part of opinion leaders, it will continue to be difficult to entertain novel solutions and to develop, implement or gain acceptance for realistic programs of remedial action that go contrary to invested prejudices. Perhaps a part of our difficulty is that we have been trying to describe and deal with an "it" rather than with people. You see, without people that would be no "it." People create the "it." When discussing drug abuse, it is common practice to refer to dangerous *drugs* rather than dangerous *people* and to assume that the fault lies solely with the drug. Examination of this very complex issue may help to clarify matters. The question is: *Why* do people use drugs?

ALTERNATIVES

The use of psychoactive drugs can be seen as but *one* alternative among many for coping with the subjective needs, desires, and problems of life. The critical questions are: Why *this* alternative as opposed to some other? Why *this* alternative to the exclusion of all others? What are *doctors* doing to increase or decrease the likelihood that the individual will resort to drugs? Most drug usage can be viewed as a matter of choice, whether

taken inside or outside the medical system, for seldom is the person so ill or in such distress that there is no other recourse. This implies that there are wide individual differences in personal criteria of illness and toleration for discomfort. Decisions to visit the physician or to seek drugs directly need not be rational or deliberate, but the action suggests that at some level a choice among available alternatives has been made. Individuals end up taking drugs which fit their needs or which are deemed desirable by their important reference group. In the physician's office the patient gets a drug which fits his complaints. If he does not like it, he rejects it and gets another. On the street he searches out and finds a drug or a class of drugs which fit his needs or he takes the drugs which produce the effects valued by his reference group.

DRUG MYTHS AND CLAIMS

Part of the basic attraction of any drug, including heroin, is the set of myths and claims that surround it. These become a part of the rationale for using the drug and also serve as a set of guidelines for the effects to be sought and valued. Take the myths and claims which surround marijuana, for example. The truth of the matter is that the marijuana that's grown in the continental United States has very little, if any, tetrahydrocannabinol. NIMH has run extensive tests and has almost run afoul of the law in procuring samples of marijuana grown all over the country, but actually it's really not so intoxicating as good old Burly tobacco. Down in Texas much of the marijuana that is available consists of a significant percentage of Johnson grass, plus various other substances which sometimes include cow manure. The reason for the cow manure is that there are significant myths about the smell. Anyone who has burned cow manure knows that it smells. You wonder about the youngsters who sit in a circle and smoke and suck on this Johnson grass and talk about how weird it is. It *is* weird. They also talk about being high, and of course they *are* high—anybody in his right mind wouldn't do it. The pleasure which young people get from smoking marijuana is thus sucked out of the myth more than out of the marijuana.

I was born in a dry county. They didn't sell beer there, and when I was a junior in high school I remember that seven of us drove from Corsicana thirty miles south to a place called Mexia. We drove down in a 1936 Plymouth; I'll never forget that. Between the seven of us we had just enough money to buy enough gas to get us down to Mexia and back—and to buy one quart of beer. (They had just started putting beer in quarts, at least down there in our neck of the woods.) The biggest and the most mature one of us, and it certainly wasn't me, went in and bought this

quart bottle of beer. On the road back to Corsicana we consumed it, as they say, with much gusto. When we got back to Corsicana we were just plain out of it. We drove up and down the main street of Corsicana. We had our legs hanging out the window of the car, we were singing, we were as drunk as a bunch of hoot owls, if hoot owls get drunk. Now I don't know if one quart of beer will really and truly make seven people that drunk. But we *claimed* we were. We lived the myth.

I have had groups of patients talking about their problems, and they would often share what the first fix of heroin was really like. The story is generally about the same: they were somewhere in a group of two or three when the drug was injected, and the immediate sensation was usually nausea and the person threw up. While they were there, bent over retching, these other clowns would be screaming, "Now don't that feel good! Don't you want it again?" Now when someone says "yes" at that point, it is because he is living the myth, believing it. He is saying, "I will do whatever you say I need to do in order to *belong*. I will jump off the garage. I will do a dance. I will shoot dope. I will even let you *vomit* on me, if only you will let me *belong*."

Grandiose claims for marijuana have diminished as the drug has become more widely used, but they persist for LSD and other hallucinogenic agents because of their impressive potency. The marked alterations of consciousness produced by LSD can be influenced by prior expectations and lend themselves to various interpretations by the user, a situation that tends to promote belief in the original contentions. The user finds it hard to believe that a drug with such powerful, active, subjective effects cannot in some way produce a significant and lasting change in his personality or outlook. He may then take the drug repeatedly in search of these changes and become increasingly confused to the point of losing touch with reality. Therein lies one of the great dangers associated with hallucinogenic drugs. The interaction between myths or expectations and the clinical effects of the drugs tend to reinforce one another in circular fashion. In the case of marijuana, LSD, and other psychedelic drugs, the myths and claims have taken on the character of a party line which is very difficult to dispel.

CONCLUSION

In summary, allow me to oversimplify what I have been leading up to. Drug abuse may be related to a man's inability to face and deal with the problems of life, especially those which result in feelings of boredom, helplessness, hopelessness and frustration. The realities of military life at times contribute to a person's ex-

periencing some of these uncomfortable feelings. Unfortunately, not every soldier's past experiences have provided him with the inner strength sufficient to continue to function in spite of these discomforts. Thus if we have an unprepared person who is experiencing stress, and in addition the availability of drugs, the sanction of significant others, and a conscience structure that will permit, he may turn to drugs for relief. Perhaps this is what has been happening.

How do we address the problem and what can chaplains do? The chaplain may have to say on behalf of the military organization that stress is a hazard of military life. This should not be an apology. Nor should any individual feel less than adequate if he admits to experiencing stress. "Buck up and get in there and fight" may not be the appropriate tack in today's modern army requiring men who are skilled and poised to operate the very complicated implements of war. The chaplain may need to be the interpreter of the situation to the organization as well as to the individual. He might suggest methods by which the organization's objectives can be reached while at the same time the individual's dignity is maintained. Perhaps we need chaplains who can perform a prophetic role and suggest alternatives.

I am aware of side-stepping the prospect of personal counseling of people under stress. Obviously I am not minimizing its necessity. The truth of the matter is that insufficient numbers of counselors are available, and it might not be in the best interest of anyone for the military organization to be turned into the world's largest sensitivity group. Rather than bemoan our lack of resources, let us get directly to the heart of the problem and use our energy, our imagination, and our spiritual endowment to support sensible solutions to this formidable dilemma.

EARLY BLACK RELIGIOUS EXPERIENCE IN AMERICA

By Dr. Grant S. Shockley

The issue to which we will address ourselves is that of the early religious experience of black people in this country. We are going to touch on a few dimensions of that experience which have been affected by African backgrounds and by slavery.

As morale officers in the Armed Forces, I am sure that you have the duty of understanding the changing attitudes that servicemen have toward the organized church and of coping with some of the misunderstandings which have arisen. In order to do this, it is helpful to know something of black religious history.

I. AFRICAN BACKGROUNDS

The black religious experience in this country cannot be seen as something separate from the black religious experience on the African continent. There are two points of view with regard to the origin of the black religious experience here. On the one hand, some sociologists point out that there is not a single institution in all of black American culture that has not been deeply affected by its African backgrounds. They tell us that almost everything in black American culture has been strongly influenced by the African experience. On the other hand, there are sociologists who say that the black African culture was so nearly destroyed by the experience of slavery that there is little or nothing left of it.

The truth probably lies somewhere between these two extremes. Perhaps one of the best ways to speak about some of the factors in the African religious experience is to address ourselves to some survivals—continuities which were brought from Africa and which remained a part of Negro life in America. We will therefore speak about the nature of the African religion as it affected the black experience here.

RELIGIOSITY

We will explore five basic factors, although these do not exhaust the possibilities. The first is the deep *religiosity* of the black person in this country which can be traced to the religious experience of the black African. What we are saying is that there was a religious bent, a religious proclivity or inclination, which

carried over to America. In spite of the fact that cultural ties had been cut, in spite of the fact that very few cultural vehicles were available, black religiosity *did* survive, manifesting itself in and adapting itself to Christianity. Thus, religiosity was a basic factor in the black experience in Africa which continued to be expressed here.

WHOLENESS OF LIFE

The second basic factor is the *integration of the life experience.* There is a pronounced capacity in the black person to look at life and to see it *whole,* to observe it not only in terms of the here and now, but also to see its origins, its present reality, and its future.

SIMPLICITY

A third factor is the *simplicity* of black African faith which has persisted in the black American. By simplicity I do not mean to imply something that is less than profound; I mean the capacity of a person to reduce life and reality to basic forms. There is a simple relationship between that which is seen and that which is not seen. African "gods" took their places in the midst of the seen and the unseen, so that eternal, spiritual truths were explained in terms of those temporal, physical realities which were encountered daily. This, perhaps, can partially account for the general framework of black theology, that of certain categories of religious experience which were found here in the Protestant formulation and which subsequently became channels and vehicles for the expression of the black experience.

The concept of God, for example, stands out very clearly. There has never been any difficulty in theologizing about the existence of an Ultimate Being who is good. Nor has there been any doubt about the existence of angelic and demonic forces. Both have stood in clear outline, and there has always been the acknowledgment of a struggle between them. This struggle between good and evil has often been reflected in Negro spirituals in which the individual, though caught between these two forces, hopes to have enough courage and foresight to conquer the evil and assimilate the good.

EMOTIONALISM

The fourth factor is the *emotionalism* of black American religion which seems to have been carried over from Africa and which easily fit into Protestant evangelicalism—a deep, fervent feeling for religious faith. This emotionalism was not, however, devoid of intellectual content or integrity, and some historians of

religion have attributed to this emotionalism the success of Methodists and Baptists in early evangelical work among American blacks.

PARTICIPATION

The final factor is that of *participation.* Black religion in this country bears the African mark of a participatory faith. The rites, the rituals, the dances and the songs were all participatory, having a distinct relationship between leader and followers. In the incantations, for example, one recognizes these separate roles; antiphonal singing was a natural part of worship. This leader-follower relationship carried over into every area of African community life and created the basis for the very deep respect and profound regard that black American churchmen have for their leaders. By understanding these survivals, we can begin to study and to grasp the meaning of the black experience in America.

II. SLAVERY

Now let us look briefly at some effects of slavery upon the black experience. It is impossible to speak about anything in the black American experience without referring to the existence of slavery. Slavery stamped an indelible mark upon the way in which black Christians understood the church. They understood it in terms of their own experience in it. The emerging forms of autonomous faith—the development in Africa, for example, of the independent churches, and the development in this country of the black church movement—are not in and of themselves new. The desire of blacks to have separate services and leadership, while at the same time yearning to be involved in the total society, are factors which cannot be understood apart from the slavery that had been forced upon them. Blacks responded to slavery by *developing* an autonomous faith.

We could examine the Anglican experience in this country, for example, and show how Anglican missionaries came here and attempted to treat slaves with relative equality. We could show how these Anglican missionaries were soon recalled to England and how the Episcopalian religious establishment which took their place so clearly identified itself with the slavery institution that it helped to create within the black religious community the desire for preserving the black church's integrity. The same phenomenon can be observed in Congregational history, as well as in the Presbyterian experience, even though Presbyterian John Witherspoon, a signer of the Declaration of Independence, raised one of the first voices for freedom. The outlook of the institutional

church upon human beings, the church and the nation was suffused with a spirit of democracy *except* at one point, namely, the equality of *all* persons within the church.

In place after place in the colonial settlement of our nation, the Presbyterians, the Anglicans, the Congregationalists, and the Methodists, of which I happen to be one, failed to see this problem in perspective. Therefore, beginning around 1773, *separate black congregations developed with their own black leaders and with a distinctive liturgy.* Blacks concurred in this separatism in order to preserve their integrity as persons, to develop indigenous leadership, and to encourage the type of worship in which they thought their faith could be sustained.

It should be noted, however, that in the 18th century, while the slave trade was reaching its climax, many individuals living in the center of social, political, and religious enlightenment disagreed with ecclesiastical separatism in theory and in practice, although few religious denominations made significant steps to change it. Thomas Jefferson, for example, said that to keep in slavery other human beings born having equal rights and not differing from us in anything but color was an injustice not only barbarous and cruel but also shameful. However, the same difference of opinion existed in the churches of that day that persists in the churches of our day.

The Moravians were the first group of Christians to begin missionary work among blacks. They wished to carry out their work on the basis of complete equality, but they soon found that with such an idea they could do little work in the southern regions of our country. The Quakers also started their societies very early on a completely egalitarian basis. This proved so impossible for them in the South that most of their development had to take place north of the Mason-Dixon Line. The Methodists developed in all sections of the country, but only after the very early General Conferences decided that local pastors and conferences could make their own decisions concerning the question of slavery. Between 1784, the date of the founding of Methodism, and about 1896, there was a complete revision of almost every Protestant body along the line of separate communities, leaderships, and ministries. Thus, one must understand the black man's new cry for autonomy of religious experience and leadership, and integral religious authenticity, in the light of the new freedom available to him. This freedom made legitimate that which had been present in his wishes for centuries past.

It is interesting to note that the three major slave insurrections in our history were led by ministers of the Gospel, whom we would call local preachers or lay ministers—Gabriel Prosser,

Denmark Vesey, and Nat Turner. These men received their initial understanding of freedom from Scripture, which told them that all men are created equal by God, although in this world some are free and others are bound. But since justice required that all of God's creatures should be free, their simple, direct apprehension of the concept of freedom soon developed into what became for them disastrous—violent uprisings. Though often guilty of compromising the teachings of Scripture, it was, nevertheless, the *church* which planted the seeds of justice and freedom.

ALCOHOLISM: SOME PSYCHIATRIC TRAITS AND TREATMENT

By Chaplain (LTC) Anthony L. Capitani

In this article alcoholism will be considered "a chronic disease, or disorder of behavior, characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and which interferes with the drinker's health, interpersonal relations, or economic functioning." [1] This is the definition given by Mark Keller of the Center for Alcohol Studies at Rutgers University; it follows closely the definition of alcoholism used by the World Health Organization. Estimates of the number of alcoholics in the U.S. vary, but, according to the Center for Alcohol Studies, "the number may be between four million and five million—approximately four percent of the total adult population." [2]

Dr. James A. Vanderpool, Chief of the Psychological Services and Acting Clinical Director at the Rehabilitation Center for Alcoholics at Occoquan, Va., summarized current opinion on whether there is an alcoholic personality as such, *i.e.*, a cluster of behavior traits which would forecast a tendency to alcoholism, by stating, "It is generally agreed that there is no 'alcoholic' personality as such, and that there are many types and degrees of alcoholism. Many studies of alcoholism assert, however, that alcoholics feel inadequate. In terms of self-concept dimensions, they lack self-esteem, self-confidence and self-acceptance, feel dependent, immature and insecure, feel estranged and lacking in social worth, feel sexually or physically inadequate and have low tolerance for stress and strain. It is further agreed that they drink to insulate themselves against anxiety and tension occasioned by these feelings." [3]

In 1966 he tested 140 alcoholics under treatment at the Downey V.A. Hospital, Downey, Illinois, and concluded that with the exception of the self-concept and dependency needs, which did not change, drinking resulted in a worsening of these dimensions.

Other studies have come to the same conclusions. During 1965,

[1] "Alcohol and Alcoholism" (pamphlet) p. 6, National Institute of Health, National Center for Prevention and Control of Alchoholism, Chevy Chase, Md. 20015.

[2] Ebbe Curtis Hoff, "The Etiology of Alcoholism," *Quarterly Journal of Studies on Alcoholism*, 1961, 57 (supplement 1) as quoted in NIH pamphlet, "Alcohol and Alchoholism," p. 10.

[3] James A. Vanderpool, "Alcoholism and the Self-Concept," *Quarterly Journal of Studies on Alcoholism*, March, 1969, pp. 59–77.

for example, 186 male alcoholics ranging in age from 23 to 58 were tested as to whether a distinctive alcoholic personality exists. Their median age was 41. Half were either married or living in a stable common-law relationship. Again the study was negative. It pointed to five imperfect traits which were found in the alcoholics studied, but many nonalcoholics have the same traits. About the only trait alcoholics had in common, which nonalcoholics did not have, was a *low tolerance for alcohol:*

1. Type 1 (20 percent of the sample) are not concerned what others think of them, are prone to rebellion, are antisocial, emotionally unstable, and cognitively disorganized.

2. Type 2 (19 percent) sometimes lose emotional control or cognitive control, are intelligent, have poor marital status, have a comparatively mild drinking problem, have the greatest insight into their problem, and are more amenable to abstinence and to treatment.

3. Type 3 (10 percent) are neurotic, older, and less educated, have relatively stable employment records, reasonable marital status, drink more steadily and are less able to live without alcohol.

4. Type 4 (23 percent) are highly stable, healthy, have the highest level of education, are social, but defensive, and tend to admit the fewest serious consequences to their drinking.

5. Type 5 (28 percent) relate well to others, have fewer neurotic symptoms, are less cognitively and emotionally upset, and drink on more occasions and in greater amounts than the other four types.[4]

Another study concluded that alcoholics may seem to "have many behavior traits in common and their drinking raises such similar problems for them that they seem superficially alike. . . . [However] the only trait they have in common is a low tolerance for tension, but many nonalcoholics also have this trait." [5]

PHASES IN THE DEVELOPMENT OF ALCOHOLISM

While at the Yale Center for Alcohol Studies, E. M. Jellinek studied 2,000 alcoholics. From this study he outlined four phases clearly discernible in their development as alcoholics: [6]

1. *Pre-Alcoholic Symptomatic Phase:* A transition from occasional relief drinking to almost daily relief-of-tensions drinking.

[4] John T. Partington and F. Gordon Johnson, "Personality Types Among Alcoholics," *Quarterly Journal of Studies on Alcoholism*, March, 1969, pp. 21–34.

[5] James C. Coleman, *Abnormal Psychology and Modern Life* (Chicago: Scott, Foresman Co., 1956) p. 408.

[6] E. M. Jellinek, "Phases of Alcoholic Addiction," *Quarterly Journal of Studies on Alcoholism*, 1952, pp. 673–676.

Such a person begins in conventional social situations, cannot handle his tensions, and finds greater relief in alcohol.

2. *Prodromal Phase:* (Premonitory symptoms) this phase may last from several months to two years and is characterized by:

a. Alcoholic Palimpsests: Blackouts, or periods of amnesia, wherein he shows no signs of intoxication, carries on reasonable conversations and activities, but without a trace of remembrance of the previous day's drinking. This may be due to a heightened susceptibility to alcohol.

b. Surreptitious Drinking: Drinks secretly, or at a social gathering is preoccupied whether there will be enough to drink.

c. Guilt Feelings. About his drinking, but avoids any reference to drinking in his conversations.

3. *Crucial Phase:* He can control whether or not he will drink in a given situation, but once he starts drinking he loses control and cannot stop drinking until he becomes too drunk or too sick to ingest any more. He rationalizes his behavior, blames others for his problems, and becomes hostile toward others and toward his family. He feels isolated, may become markedly aggressive, and feels a loss of self-esteem. He may go on extravagant spending sprees. He may have periods of complete abstinence, but loses interest in outside matters, quits jobs, has a marked decrease in sexual drive, and may become hospitalized for malnutrition. His drinking develops from one drink in the morning to steady himself, to early afternoon drinking, to intoxication by evening.

4. *Chronic Phase:* This is characterized by prolonged intoxication, marked ethical deterioration, impairment of thinking, indefinite fears and tremors as the alcohol leaves his system, and continuous drinking to control these symptoms. His rationalization for drinking now begins to fail, and he develops vague religious desires. Eventually he may admit defeat and seek treatment. About 10 percent of the persons in this phase develop a true alcoholic psychosis.

ALCOHOLIC PSYCHOSIS

The psychosis associated with alcohol may be either acute or chronic.

1. *Acute Psychotic Reaction:* This usually consists of short-lived reactions involving confusion, excitement, or delirium tremens. There are four commonly recognized subtypes: (a) pathological intoxication; (b) delirium tremens; (c) acute alcoholic hallucinations; (d) Korsakoff's Psychosis. In specie:

a. Pathological Intoxication: Hallucinations, disorientations,

and homicidal rage. Such reactions may occur in persons whose tolerance for alcohol is low, *e.g.*, epileptics and people with unstable personalities, or in normal persons whose tolerance for alcohol is lowered by emotional stress or other conditions.

b. Delirium Tremens: This occurs in about four percent of those who drink over a long period of time. It may even occur in connection with a head injury or infection during a period of abstinence. The D.T.'s are preceded by restlessness, insomnia, uneasiness, and apprehensiveness. They may last from three to six days and be accompanied by disorientation of time and place, hallucinations, extreme suggestibility, and marked tremors of hands, tongue, and lips.

c. Acute Alcoholic Hallucinations: He may hear voices talking about him, reproaching him, criticizing or threatening him. This may last for several weeks and be followed by depression and remorse. The alcohol may possibly have precipitated an underlying disorder, rather than have caused it.

d. Korsakoff's Psychosis: Named after the Russian scientist who first described it in 1887, this psychosis is due primarily to diet which is deficient in Vitamin B, rather than to any chemical component of the alcohol itself. The victim of this psychosis develops signs of polyneuritis, *e.g.*, wrist drop—a paralysis of the extensor muscles of the hands and fingers. He cannot remember recent events, nor relate them to past ones. Autopsies show, however, that there is no gross brain damage or lesion. During treatment, a vitamin-rich diet generally restores the patient to relatively normal physical health, but some personality deterioration may remain in the form of memory impairment, a dulling of intellectual capacity and even of ethical standards.

2. *Chronic Alcoholic Deterioration:* Personality changes may include deterioration of memory, impaired judgment and inability to concentrate, gradual intellectual and moral decline, impulsive and coarse behavior, neglect of personal appearance, irritability at being criticized for drinking, rationalization for drinking, and servility to others but tyranny at home.

THE TREATMENT OF ALCOHOLICS

1. *Psychotherapy*

Psychotherapy signifies the treatment designed to produce a response by mental, rather than by physical, effects. It includes the use of suggestion, persuasion, re-education, reassurance, and support, as well as the techniques of hypnosis, abreaction, and psychoanalysis which are employed in the so-called deep psychotherapy. Abreaction is the process of working out a repressed,

disagreeable experience by living it again in speech and in action in the presence of a psychoanalyst. It is also called psychocatharsis, or catharsis.[7]

"There are certain events, or stages, through which psychotherapy usually progresses. These are:

(1) Creation of a therapeutic atmosphere and relationship . . . (2) Emotional release (catharsis) . . . (3) Insight . . . (4) Emotional re-education . . . and (5) Termination.[8]

The purpose of each stage is almost self-evident and hence, needs only a brief explanation.

(1) *Creation of a Therapeutic Atmosphere and Relationship:* The therapist maintains a friendly and accepting attitude in which the patient establishes confidence, the result of which is a feeling of security, so that the patient brings out his real problem. The therapist also structures the therapeutic situation in terms of time, expense, and responsibility.

(2) *Emotional Release (Catharsis):* The permissive atmosphere allows the patient to "talk out" his problems, as well as the hostility, guilt, fear, and other emotions surrounding his problems. Various methods, including hypnosis and drugs, may be employed in this catharsis and release of tension connected with the emotions.

(3) *Insight:* The patient spontaneously gains a good deal of understanding into his motivations and behavior as he brings his emotional conflicts into the open. The therapist may help interpret these conflicts and provide the basis for positive action.

(4) *Emotional Re-Education:* Insight helps the patient modify his underlying emotional attitudes and work out new and acceptable ways of dealing with his problems, which in turn should lead to increased confidence in himself and his abilities.

(5) *Termination:* The therapy is terminated when the patient has "worked through" his conflicts, achieved a more effective personality adjustment and feels confident enough to get along on his own, with the understanding that he may return any time he feels the need for additional therapy.

Dr. Ruth Fox, Medical Director of the National Council on Alcoholism, Inc., N.Y. Academy of Medicine Building, New York City, ably summarizes these various ideas:

"Treatment of the alcoholic, to be successful, must be multidisciplinary. The use of psychotherapy or counseling, disulfiram (Antabuse), Alcoholics Anonymous, group therapy, psychodrama, occasionally LSD, sometimes hypnosis, and treatment of the fam-

[7] *Dorland's Illustrated Medical Dictionary* (Philadelphia: W. B. Saunders & Co., 1965) (cited for these and all other medical terms used).

[8] Coleman, *op. cit.*, *pp.* 541–543.

ilies concurrently will enhance the results. In many cases the clergy may also be helpful. For the social isolation of the alcoholic, and often for his employment difficulties, it will be necessary to use the many ancillary resources of the community." [9]

Dr. Fox notes that it is usually a waste of the analyst's time and of the patient's money to analyze a patient while he is still drinking. . . . "The psychotic patient may need prolonged hospitalization, although borderline schizophrenics may often be carried successfully on an outpatient basis provided they maintain sobriety. The neurotic alcoholic may need prolonged psychotherapy, often psychoanalysis. The immature alcoholic may need support for a long time as he matures, while the individual who has become addicted in later life and has a better integrated personality may do extremely well with a minimum of therapy, provided he can be convinced that he is an alcoholic and can therefore never drink again." [10]

She also notes that most patients are not motivated to stop drinking, since alcohol has given rewards which they are unwilling to give up. This demands sympathy, tact, firmness, perseverance, and, above all, respect for the individual by the doctor, as he helps the patient discover that life can be more rewarding without alcohol than with it. Her theme is that we cannot force the patient to stop drinking, but we can create a climate in which he can recover.

Dr. Fox is extremely enthusiastic about the importance and effectiveness of Alcoholics Anonymous and notes, "For patients who can and will accept it, it may be the only form of therapy needed. . . . I make a personal contact with an individual member known to me, introducing the patient to him over the telephone. There can be an immediate amelioration of symptoms as the isolated alcoholic feels that there is hope for him." [11]

Her article also elaborates on the use of psychoanalysis, group therapy, psychodrama, drugs, including LSD, aversion treatment, and hypnosis. She observes that the family may also need treatment and that the wife may be neurotic. Some neurotic women may marry alcoholics from a need "to be dependent, to control, to dominate, to punish, or to be the long-suffering martyr—character traits which may make such a woman not only a poor wife, but generally a poor mother as well." [12]

The aims of therapy for the alcoholic are not only total and complete sobriety for life, but especially a greater awareness of his own potential, greater flexibility and adaptability, freedom

[9] "A Multidisciplinary Approach to the Treatment of Alcoholism, *"American Journal of Psychiatry*, January, 1967, pp. 769–778.

[10] *Ibid.*, pp. 771–772.

[11] *Ibid.*, p. 772.

[12] *Ibid.*, p. 776.

from his destructive tendencies and a better functioning in all areas of his life.

(2) *The Use of Drugs in Treating Alcoholics*

Possibly the best known drug used in treating alcoholics is disulfiram, or Antabuse. This drug is taken orally and interferes with the metabolism of alcohol, so that even one drink will cause a toxic reaction of a shock-like nature. The effect lasts for four days. Hence, it both abolishes all impulsive drinking, because of its sickening effects, and also frees the mind from being preoccupied with drinking. In a sense, the only decision the alcoholic need make is whether or not to take the drug. The spin-off effect for the family is the realization that the alcoholic is temporarily safe from alcohol. The alcoholic, in turn, is relieved to know he can live without alcohol.

In recent years there have also been studies wherein LSD, Lysergic Acid Diethylamide, has been used in an attempt to break down "the barriers between the conscious and the unconscious mind and, by uncovering early traumatic events in their lives, allows the patients to reassess and re-evaluate many of their experiences." [13]

The safeguards in using LSD are quite extensive. There is an intensive preparation wherein the patient meets with the therapist daily for approximately two weeks—a total of 12 to 15 hours of therapy. In these sessions, the current personality problems and major difficulties of the patient are explored. As rapport is established, the patient reviews his life history to develop insight into the dynamics of his case. The nature, onset, course, and significance of the drug's effects are explained in detail. The possibility of such alarming reactions "from incoordination, physical distress, fear (for instance 'of going crazy' or dying), to depression, paranoia, confusion, and so forth" [14] is also explained.

The entire session before using the drug seems to be aimed at conditioning the patient to realize that the effect of LSD is to "potentiate love," or to facilitate a psychedelic "peak experience," to "discover and encounter an inner world at least momentarily suffused with love or ecstatic awe" [15] or to break down "the barriers between the conscious and the unconscious mind and be uncovering early traumatic events in their lives, allowing the patients to reassess and reevaluate many of their experiences." [16] The patient is conscious and aware of what is transpiring during this experience and can recall later what did transpire. Both the therapist

[13] *Ibid.*, p. 774.

[14] Albert A. Kurland, *et al.*, "Psychedelic Therapy Utilizing LSD in the Treatment of the Alcoholic Patient: A Preliminary Report," *American Journal of Psychiatry*, April 1967, p. 1206.

[15] *Ibid.*, p. 1205.

[16] Fox, *op. cit.*, pp. 774.

and a nurse are with him during this 10 to 12 hour LSD experience.

Dr. Kurland gives a detailed account of one such LSD session. He outlines one patient's reactions as follows: Initially there was a slight numbness of the lips, which was followed by more acute perception. The patient was listening to music through stereophonic earphones. The music became "overwhelmingly beautiful," at which time he began to hallucinate. The cigarette he was smoking seemed to come alive and crawl toward him. His mood changed. He began seeing horrifying images. The patient thought he was in a slimy pit occupied by octopi and enormous odd-shaped frogs; huge vats of whiskey were being poured into the pit. He began to cry, to feel guilty and remorseful. The doctor had him sit up and discuss the hallucination, after which there followed a period of relief and feeling cleaner inside.

Next there followed overwhelming peaks of rapture and joy, stillness and quiet, feelings of cleanliness and purity. He felt that life had meaning, richness, and rewards. He began to experience compassion, warmth, and understanding toward his fellow men.

The hallucinations began to reappear when he looked into a mirror the doctor had given him. The patient saw himself aging, disintegrating, and his skull turning to ashes (introspection?). He was horrified. The doctor told him to confront this fear of the results of alcoholism; otherwise it might only lead to waste and ruin. He did. His face reappeared normal in the mirror. He wished his wife were present to share his experience and his resolve to stop throwing his life away.

Next the patient felt God's presence, compassion, and an awakened love for his family. By late afternoon, calmness returned and with it the resolve to face life from his new perspective.

Unfortunately, the results were short lived, for one month later the patient gave in to stress and returned to uncontrolled drinking.[17]

Currently there seems to be a growing opinion that the dramatic claims for the efficacy of LSD in the treatment of alcoholism are unjustified. Dr. Arnold Ludwig, Director of Education and Research at Mendota State Hospital, Madison, Wisconsin, and his associates conducted a three year study, under a Public Health Service grant, in which 176 male alcoholics participated. The treatment was fourfold. Some patients received hyponodelic therapy (hypnosis plus LSD plus psychotherapy); others received psychedelic therapy (LSD plus psychotherapy). The third group received drug therapy, i.e., LSD alone. The therapist re-

[17] Kurland, *op. cit.*, pp. 1204–1205.

mained with them during this treatment but did not engage in dialogue, except when the patient appeared anxious or panicky. He normally told the patient to work out his problem by himself with the aid of LSD. The last group was given milieu therapy, *i.e.*, they were not given drugs or psychotherapy but were told to make an honest personal inventory, noting the reasons for their problem, and constructive plans for the future. They spent as much time doing this as the other patients spent in drug therapy.

Follow-up evaluations were conducted at three, six, nine, and twelve month periods following discharge from the hospital. Sixty-five percent of these patients had fallen off the wagon by the end of the three month period, and ninety percent by the twelfth month, regardless of the type of treatment they had received. Dr. Ludwig concluded: "No one treatment condition proved superior to the other. Therefore, we were forced to conclude that the dramatic claims made for the efficacy of LSD treatment in alcoholism were scientifically unjustified." [18]

PASTORAL AND MORAL CONSIDERATIONS

1. *Pastoral Concerns*

As pastors, our primary concern is for the spiritual well-being of persons. As human beings, we don't operate in a vacuum, however. Spiritual well-being involves not only our relationship to God—the awareness of His love and grace, and an attempt to respond to this awareness—but it also includes a sense of personal worth or dignity and a sense of community with our fellow men. This spiritual well-being necessarily includes the emotional and physical well-being of the individual person in his relationship to himself, to his family, and to society in general. Hence, in dealing with the alcoholic, the pastor is concerned for the well-being of the individual, of his family, and of society as a community of persons living together, honoring and needing each other, with each person as God's creation and God's concern and the pastor reflecting that awareness in his own life.

Consequently, the question of imputability, or guilt, becomes merely a minor consideration in helping the alcoholic; it may nevertheless be a valuable motivating force in rehabilitation.

2. *Pastoral Goals*

The pastor's goal should be to help the alcoholic find acceptance as a person and to find the strength to cope with life. For the alcoholic this means full sobriety, a sense of personal dignity, and the proper use of his talents for the well-being of himself, his

[18] Arnold Ludwig, Jerome Levine, Lewis Stark and Robert Lazar, "A Clinical Study of LSD Treatment in Alcoholism," *American Journal of Psychiatry*, July 1969, Vol. 126, pp. 105–106.

family, and society. On the part of the pastor, a parental attitude toward the alcoholic is counter-productive; "pleadings, exhortations, telling the patient how to live his life, or urging him to use more will power, are usually useless and may be destructive." [19]

The pastor is a therapist who has the added dimension of religious conviction which aids in carrying out the therapeutic function. Some of the means he uses will be similar to those of the therapists previously described. For example, he must secure the alcoholic's confidence through a genuine and evident personal interest, patience, respect and understanding, without at the same time being manipulated by the alcoholic into seeming to condone the alcoholic's behavior. Securing this confidence will, it is hoped, help bring out underlying problems of hostility, fear, and guilt. Emotional release should help the alcoholic gain insight into his behavior and its consequences. This process, in turn, helps facilitate an emotional and moral re-education for that person's well-being.

Alcoholics Anonymous suggests as one of the twelve steps toward sobriety that the alcoholic make an inventory of his wrongs and tell them to someone he has confidence in. This is a *unique opportunity* for the pastor to exercise his *pastoral function,* informally in conversation and more formally in confession. The pastor thus can play a key role in assisting the alcoholic in becoming a *whole* person.

Since the alcoholic feels alienated, or emotionally segregated, he must be encouraged to develop a sense of community with his family, his church, and his neighborhood or society. This newly discovered sense of *belonging* may begin either in church-related societies or in some local club or organization, as well as in his home.

While the clergyman is in a unique position to relate personally and spiritually to the alcoholic, he should also be aware of community resources and make use of them. These resources range from hospitals and outpatient clinics to community mental health centers, psychological or psychiatric personnel, and therapy groups. The most familiar community resource is Alcoholics Anonymous, with its branches of Al-Anon and Al-Ateen which help the spouse and children of alcoholics to understand the alcoholic's problems and to develop more effective ways of handling whatever social and emotional difficulties they themselves may be experiencing. The pastor might, for example, refer the alcoholic to some specific member of one of these groups and also maintain some type of follow-up experience. Such action can serve as a

[19] "Alcohol and Alcoholism," p. 34.

source of strength, or moral support, in attempting to achieve sobriety.

3. *Moral Considerations*

As stated previously, I believe that the question of guilt, or imputability, is a minor consideration, valuable possibly for its motivating force in seeking "wholeness" of person. Simply stated, the degree of imputability depends upon the degree of freedom in desiring or carrying out an action whose evil is known or suspected. With the alcoholic, this would seem to apply in his decision to take that first drink, since once this is taken uncontrollable drinking gradually follows. Once an alcoholic habit has been established and a frustrating or tension-causing situation occurs, this freedom not to drink diminishes, which quite evidently is not the same as saying that responsibility ceases altogether.

The question of imputability must also be referred back to the pre-alcoholic, prodromal, crucial, and chronic phases described previously; there is possibly a greater degree of imputability in the pre-alcoholic phase than in later phases. However, I don't think that this question can be answered in the abstract.

SUMMARY AND CONCLUSIONS

Alcoholism is a personal and social problem presently estimated to afflict 4 to 5 million adult Americans. It is increasing, rather than decreasing, annually. It is destructive to the person, to the family, to society, and to our national self-interest.

There is no alcoholic personality, no predisposing factor as such, although alcoholics do have a low frustration level in common. Alcoholism often develops through conventional drinking situations, where the person with a low tolerance for tension drinks immoderately to relieve that tension. Several phases are evident in the development of an alcoholic.

These psychiatric traits should be considered in the treatment of alcoholics. This treatment ranges from psychotherapy to the use of drugs such as disulfiram (Antabuse). LSD has been used in an attempt to break down the barriers between the conscious and unconscious mind, to uncover early traumatic events which may have had an effect upon later behavior, and to help the alcoholic reassess and reevaluate earlier experiences. Such experiments with LSD, however, seem to be inconclusive.

The goal of psychotherapy is rehabilitation, or sobriety with its resultant benefits to the individual, via a therapeutic atmosphere, catharsis, insight, and reeducation.

The pastor is in a unique position to help both the alcoholic and the alcoholic's family. He, too, is a therapist and has the added

dimension of religious insight and support. He is thus uniquely able to help the alcoholic become a whole person. He also has a wealth of community resources to assist him. Through his own sense of concern, and the intelligent use of his native skills and available community resources, the pastor might help society resolve a serious problem. Concretely, he may help the person who is an alcoholic achieve sobriety and restore harmony and wholesomeness to the family as well. He might become weary in the process, but the goal is well worth the effort.

CLINICAL PASTORAL EDUCATION

By Chaplain (LTC) Alister C. Anderson

PART 1.
A PHILOSOPHY OF CLINICAL PASTORAL EDUCATION

The advent of Clinical Pastoral Education was the greatest breakthrough in theological education in hundreds of years. This breakthrough was initiated principally by Anton Boisen, who added a clinical dimension to the stereotyped learning patterns that had developed in theological education. Through his own mental illness, which he described in a book titled *The Exploration of the Inner World,*[1] he urged pastors and theologians to observe, describe, analyze and interpret what they saw in the world of human feelings before they started talking and acting themselves. In short, he urged us to listen to our fellow men and to see and hear "where they are." This was a call to *relate theology to life.* It was a call to help close the gap between what a clergyman needs to know about himself and others to function as a pastor, and what he has actually assimilated in the academic seminary curriculum.

Boisen stated that the "living human documents are the primary sources for any intelligent attempt to understand human nature." He believed that the study of human ills in their terminal states is an important means of enabling us to grapple with them in their more complex incipient stages. He believed that service and understanding go hand in hand. He stated that "without true understanding it is impossible to render effective service in that which concerns the spiritual life, and only to those who come with the motive of service will the doors open into the sanctuaries of life."

Boisen felt that clinical training should attempt to accomplish the following: "To open his eyes to the real problems of men and women and to develop in him methods of observation which will make him competent as an instigator of the forces with which relation has to do and of the laws which govern these forces—to bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of men." In essence Boisen was affirming what Christian educators are saying today, that clinical training is theological education and must remain a vital part of it.

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[1] New York: Harper, 1936.

In preparing this philosophy of CPE, I have chosen to approach it first from the point of view of the student and then from the point of view of the supervisor.

THE STUDENT

Clinical Pastoral Education can be defined as "a supervised experience which provides theological students and clergymen with opportunities for intensive clinical study of problems in the field of interpersonal relationships."[2] It has also been defined as an educational process which provides students with an opportunity to meet and minister to people in the crisis situations of life involving sickness, fear and death. In both definitions an emphasis is placed on the student's going out to observe and evaluate for himself. The word *clinical* is the key word in both these definitions. It is derived from the Greek work *Kline* meaning bed or bedside and implies that students put down their books which tell how to solve people's problems and go out and establish interpersonal relationships with them by observing, listening, hearing and interpreting what they say.

In a clinical setting such as a hospital, the student has the opportunity to meet fellow human beings in the crisis situations of life. He meets those whom Boisen calls "the living human documents who demonstrate sin and salvation in flesh and blood." The CPE experience offers the student the opportunity to become aware of the universality of human fear, anger, doubt and weakness as well as the goodness of human acceptance, understanding and love. I am convinced that students and supervisors alike will never know these living human documents unless we are willing to take the risk to disclose ourselves to them and to each other. When we disclose ourselves, our preconceptions and beliefs about each other are altered. We learn how we are similar and different from each other. We learn about each other's needs and which needs we can and cannot meet. CPE gives us the opportunity to engage in mutual self-disclosure so that we can tell each other what we need. And it is this telling to each other of who we are and what we need which is the genesis of our love for each other. We cannot love each other or relate to one another so as to promote our happiness, unless we know what each one of us needs. And we cannot know what each one of us needs unless we tell each other.

I will go even further in my philosophy. I believe that not one of us can come to know himself until he discloses himself to another person. Self-disclosure is self-knowledge and it is the way

[2] Student notes based on a CPE student handout at the National Institute of Health, Bethesda, MD, August 1969.

we can display our love for each other. Sidney Jourard has written that "if we love someone, not only do we strive to know him so that we can devote ourselves more effectively to his well-being; we also display our love by letting him know us." [3] Out of all this listening for feeling and in the sharing and disclosing of one's self, meaningful learning about each other occurs and the comforting, strengthening reality of Christian community breaks through. In short, CPE gives the student, indeed, all of us, the experience out of which come the questions about life for which Christian theology has some meaningful answers.

Clinical Pastoral Education also provides the setting within which communication takes place between student and patient, staff and supervisor. It offers the student an opportunity to analyze his style of communicating with these groups of people. It gives him the opportunity to see and hear how others observe his style of communicating and relating. It can give him the confidence to relate to people as he really is and not as he thinks people want him to be. "CPE is a learning process through which the student clarifies his own identity and begins to function out of his conception of that identity." [4] It is a learning process which takes place in relationship to others. This means it is involvement. As Robert Leslie has suggested, "many a student has learned through clinical training the meaning of John Donne's lines: [5]

> "No man is an Island, entire of it selfe;
> Every man is a piece of the Continent,
> A part of the maine. . . . Any
> Man's death diminishes me, because
> I am involved in Mankinde."

A frequent misconception about Clinical Pastoral Education is that it has a hidden agenda to impose changes on the individual. While change as a process of human development is encouraged in education, CPE should not impose change. Hopefully through the content of the clinical experience, the student will be helped to change himself. As he loses himself in trying to understand the sick person and the theories about illness and its treatment, he will come face to face with his own anxiety about sickness and death. This confrontation will force him to work out a meaningful philosophy about these and other important issues, such as race, culture and sex. As the student shares himself and his philosophy with others and experiences the acceptance of what he

[3] *The Transparent Self* (Princeton, N.J.: Van Nostrand, 1964) p. 4.

[4] Charles V. Gerkin, "Identity of the Pastoral Supervisor," in a collection of articles published by the Council for Clinical Training and Institute of Pastoral Care, 1966 Fall Conference, p. 78.

[5] Robert C. Leslie, "The Goals of Clinical Pastoral Education," Proceedings of the Fifth National Conference on Clinical Pastoral Education, 1968, p. 17f.

offers, he will feel a releasing and freeing of emotional energy for more creative work. It is the releasing and freeing of energy that matures and changes the student. This is the change that CPE hopes to inspire. This is the change that Jesus sought to invoke in men when He said: "He that loseth his life for my sake shall find it."

In CPE the student is educating himself. He either educates himself or he is not being educated. CPE has no one text book. It has no one set form of curriculum, lectures or seminars. It has ultimately only what the student himself brings and gives to it and what he is willing to take from it. The goals of CPE are not to be confused with academic goals. CPE goals encompass academic understanding, but their fulfillment is approached only when the student confronts the human situation in himself and others. The goals are those which will help the student raise within himself the appropriate theological, scientific, philosophical and religious questions. Consequently I believe that CPE is a vital part of theological education. I believe it is theological education at the experiential level. CPE addresses itself to systematic theology. It offers another theological vocabulary in which sin is defined as being "lost," salvation means being "found" and "accepted," and alienation describes the human condition of being cut off from the land of the living. All men are alienated. They feel cut off from their true self, from each other and from God. Alienation is another word for sin. It describes what we do to ourselves and it drives us into fearful states of anxiety. Having cut ourselves off from God and from each other, we become scared to death of each other. Uneasy anxiety builds to raging, painful panic which cries out within us and makes us feel that we could lose our minds.

In order to check this towering, fearful pain and to ward off the grim, relentless threat to our self-esteem so that we can function, we have developed through aeons of time a whole series of self-defense mechanisms. These coping devices help us face and live with anxiety, but they also cause further alienation. They prevent us from being our real selves and mask us from other people. If we "deny" and "repress" and "project" and "rationalize," etc., we isolate and insulate ourselves from each other, and we move into a closed trap from which there seems to be no escape. The anxiety that we have been talking about is that overwhelming, sometimes pathological anxiety that destroys man's consciousness of himself as a child of God and a member of the family of man for whom God cares and loves and accepts. In contrast to this destructive level of anxiety there is another level which differs within each man and woman and which is creative.

This anxiety produces enough tension to inspire men to want to work for human material and spiritual improvement. It prods men to seek improvement by working in concert with other human beings and without malicious judgment that cuts off others.

Only the Christian concept of love known as *agape* delivers us from the trap of life; it is *agape* revealed in the person of Christ and expressed in the community of love in His Body the Church which truly frees us. Agape has been defined as "our capacity to relate to others for their best interests." [6] Thus it is a love which accepts people as they are. It is a love which breaks down the barriers of alienation and allows people to pull the masks from their faces without being betrayed. Agape permits self-disclosure, and self-disclosure transforms self-alienation into self-acceptance and self-realization.

In short, CPE enables a student to raise the theological questions about his own alienation. It offers him the opportunity to discover and to appropriate to himself the resources of pastoral care which is the ministry of the love of Christ to him and to others.

THE SUPERVISOR

Like the student the supervisor is a learner, but with a difference. He is also a teacher who must carry on his role without taking over the role of the student. As was stated earlier, CPE attempts to convince the student that he either educates himself with the awareness that he is educating himself, or he is not being educated at all. The supervisor, therefore, tries not to do for the student what he can or might or must do for himself. In short, he seeks to help the student find his own commitments and relationships to the human situation in which he is working. He helps to "call the student into being" [7] by creating a trusting relationship, and by accepting the student so that he can accept himself. He "calls the student into being" by revealing himself as a person and a teacher, who is independent of the student as an authority, but yet dependent upon him as a forgiving human being.

The supervisor needs to remember that he grew in his own understanding and self-acceptance because he exercised his own self-discipline and self-teaching. His growth did not develop in an atmosphere of force or repression or recrimination imposed from without. He grew because he applied himself to the task of thinking and acting as he thought and felt was best for himself. In

[6] Notes from a lecture given by James T. Hall, former chaplain supervisor at Sibley Memorial Hospital, Washington, D.C.; he is now a member of the Greater Washington Pastoral Consultation Services.

[7] Reuel Howe, "The Nature of Pastoral Supervision," Institute of Pastoral Care, Fall Conference, 1964, p. 31.

view of this, I believe that it is both sound theology and pedagogy for a supervisor to regard a student's refusal or resistance to learning as the student's best or only current perception of how to help himself. The supervisor recognizes the anxiety of learning and the anxiety of working up the courage to risk failure in that learning. In other words, the supervisor is aware of the defense mechanisms that the student is using to suppress the anxiety of exposing himself to new and threatening learning. At this point the supervisor must ask himself how *he* can live so that the way he handles his anxiety will help the student's learning process and not obstruct it. One way he can find out how *he* can live is to ask himself how he handles his own dislikes and rejections. This is a painful process, but it is the mark of the real teacher.

The supervisor is really teaching when he helps himself to endure his own dislikes and then gradually recognizes that these same dislikes and rejections are a "life-saving, hence acceptable living of himself." [8] The supervisor is teaching his students when he realizes that he cannot live with anything that is contrary to his own self-identity. He is teaching when he is aware that he himself is rejecting from memory all those things which are contrary to what he conceives as being good for himself. Through his awareness of how he handles his own dislikes and rejections, the supervisor knows that his students will go through the same painful process. This is bound to deepen his understanding of human nature and it will intensify respect for each one's individuality. Clinical Pastoral Education holds to the educational ideal that the teacher's dedication to his own self-growth is the true mark of the genuine educator. Students who see in their supervisor an intense desire to learn and improve himself will be motivated to overcome their own inherent resistance to learning.

PART II. A MODEL FOR IMPLEMENTING MY PHILOSOPHY OF CPE IN PASTORAL SUPERVISION

Having expressed my *philosophy* of CPE, I want to turn to a model to *implement* it. Since CPE is clinical and set in an existential framework, a model which allows for the maximum encounter between groups of people is necessary. These group encounters should range from the individual supervisory conferences to the plenary meetings of the entire chaplain staff, known frequently as the "Housekeeping Session." Beyond this larger grouping of students and supervisors is the clinical setting itself to which I will address myself first.

[8] These ideas were developed in a student handout in my CPE internship at NIH in August 1969. Robert B. Robey, Supervisor.

THE CLINICAL EXPERIENCE: PASTORAL VISITATION

The fact that Clinical Pastoral Education is a supervised experience for the intensive study of people in crisis presupposes that people in crisis can be our teachers. Thus in any CPE program there must be ample opportunity for the student to make pastoral visitations. I believe that real learning takes place on the wards or wherever student and patient encounter each other. I am convinced that the degree of resistance to learning is directly proportional to the number of times that the student rejects or finds excuses to ignore the opportunities to make pastoral visits. I am also convinced that the number of visits to particular patients is directly proportional to the degree of meeting one's own needs that a particular student obtains from his visits. These two mathematical proportions serve to remind us that pastoral visitation is hard, anxiety-provoking work, and that we have to be able to identify whose needs are being met in any pastoral encounter. Thus it is *significant* when a third of the verbatims that one student writes up are pastoral visits to young, fairly attractive women who are encouraged to talk about their sexual experiences. It is even *more* significant when this same student avoids pastoral visits to older men his own age.

The people in crisis, indeed all people, need to know that other human beings care about them. That is why I remind my students that they come to their patients or clients as human beings first. Whatever specific church or religious traditions they may represent, they represent humanity and the brotherhood of man first. Out of a real, caring human encounter, religious insights will flower and will give meaningful explanations to the origins of God's grace that have already been at work since the first moments of the pastoral visit. Pastoral visitation represents an acceptance by God which in turn can lead to self-acceptance and self-love. Pastoral visitation can be the means of God's grace transcending man's alienation, loneliness, resentfulness and despairing guilt.

THE SEMINAR

The Seminars provide the means by which the rich interchange of human experience in the clinical setting is correlated and analyzed. In the Seminars students share with each other and their supervisor the dynamics that took place in the pastoral visits. Here they seek to discover what facts or feelings in their conscious and unconscious were influencing the content and the meaning of the dialogue. In the Seminars they begin to develop more resiliance and flexibility to listen to other human beings tell them how they reacted to the visit and/or the counseling.

The Seminar is a group meeting which can take one of several forms. For full time students enrolled in CPE, I schedule enough Verbatim Seminars so that each full time student presents at least one verbatim to the group per week. In the verbatim the student is expected to present a description of the patient with sufficient direct quotes from the dialogue to enable the group to recognize what the presenting student was facing in the interview and how he proceeded with his counseling. I have made extensive use of television equipment to correlate the verbal and nonverbal aspects of the pastoral interview. I feel that my students benefit immensely in playing back the tapes of their interviews. Verbatim Seminars are also used for the presentation of case studies. In the case study the student can observe how all the helping disciplines have added their specific information about the patient. Through the case study the student can correlate a wide range of information which will help him decide how to proceed with counseling or referral.

In addition to verbatims, I schedule regular Worship Seminars and Didactic Seminars. The Worship Seminars are concerned with the relevance of the Christian Gospel to all the people in the clinical setting. They are accurate measurements of how the student is integrating his self-identity and interpersonal relationships with the Gospel he lives and preaches. It is significant when one student who had been criticized for not offering enough of himself by way of concrete, personal illustrations in his sermons, chose in a later sermon to unconsciously degrade himself in a personal illustration that utterly confused his congregation. In view of that example and others, I conclude that the Worship Seminar is one of the most perceptive ways we have to measure what we think of ourselves and how we conceptualize our role and identity as pastors.

The Didactic Seminars include lecture/discussions and orientations on subjects that will help the students analyze and conceptualize methods of approaching various clinical pastoral problems. In general hospitals as well as psychiatric hospitals there are many lecture/discussion groups planned in the curriculum for the residents and interns. Chaplains are always welcome to attend these lectures. Staff doctors and psychiatrists can be asked to lead lecture/discussion groups for the student chaplains. Frequently, members of the chaplain staff and supervisors will want to present some material they feel will be useful in approaching pastoral problems. Theories of human behavior and development as well as psychiatric treatment procedures are always helpful material to be presented in the Didactic Seminar.

But let me add one word of warning. There will always be some

students who will reveal their anxiety and resistance to learning by insisting that the supervisor plan more and more didactic type seminars and lectures. Their unfamiliarity with CPE's less structured, client-centered, experiential modes of learning will make them feel very insecure. They will want to flee to scholarship to avoid relating to people. If the supervisor allows their anxiety to trigger his own, he will not only allow his students to become poorer pastors, he will contribute to their being poorer scholars as well. CPE is clinical education and everyone has to face the anxiety that clinical contact brings.

THE PASTORAL CONCERNS GROUP: THE GROUP SEMINAR

Thomas W. Klink in an article on supervision describes this meeting of the student group as "another locus of the anxiety-provoking experiences of involvement with persons, with the pastoral office, and with a new body of knowledge." [9] He calls the Group Seminar the "most significant exposure to the group process dimension of living that the student will have." [10] This is true because it is in these hours of seeking understanding or resisting it that a man can review for himself or be told by others just how he relates to people in life. The Group Seminar is a microcosm of the student's whole world of relationships. He can enter it, trust it and thus live in it, or he can cut himself off from it and die in loneliness. The Group can tell him what he doesn't know about himself and what he has been unwilling to change about himself with such genuine regard and acceptance that he uses God's grace within the group to launch into a finer life-style.

A student who had described himself as completely objective about personal matters found it impossible to share his terrible, gnawing guilt and self-reproach with anyone. He described himself as alone and aloof. Then slowly as he discovered the group's genuine concern and love for him, he was able to release his burden and share it with others. This was experienced as a new awareness of himself as a person who was lovable and good. Furthermore, the student was able to see that the calm objectivity he thought he needed to display in public was really a repression of himself that had alienated him from the people he wanted to know and love. In the Group Seminar the Supervisor is what Klink calls "the third ear." He attempts to pick up the covert meanings that are inherent in the discussion. He will seek to listen carefully and will then, in Klink's words, "express this third-

[9] "Supervision: Education for Ministry," in a collection of papers published by the Association of American Theological Schools, Charles R. Fielding, ed., Dayton, Ohio, p. 186.

[10] *Op. cit.*, p. 187.

ear hearing as some affirmative variation of the question, 'What causes you to raise that with the group now?' " [11]

THE INDIVIDUAL SUPERVISION CONFERENCE

Each week I schedule one supervisory conference with each student. There is no agenda for these conferences but the student is told that the hour is set aside for the discussion of his work. This implies that the student can bring specific questions about his written work, pastoral visits or interpersonal relationships. I believe that the initiative for selecting subjects for discussion rests with the student. Thus if the student does not bring any work for discussion, this in itself could be a topic to discuss.

In the Individual Supervision Conference the continuum that exists between the supervisor being a teacher and therapist is most apparent. As teacher he will deal with the student's questions about content, ideas, and concepts. Their relationship will be primarily conscious and rational. But in the course of the supervisory hour the content and mood of the meeting of these two people may move toward the supervisor assuming the role of therapist. Now the student will be encountered as a person with feelings and emotions and he will be sharing them with the supervisor. The relationship will have shifted more to the unconscious, symbolic and irrational. In any given supervisory hour the supervisor must know where he is on that continuum and recall to the student what the real issues and concerns are in their meeting. I resist attempts on the part of the student to use the conference hour to delve continually into questions about his personal life. Clinical Pastoral Education is not psychotherapy and I will recommend that the student consult a psychiatrist if he continues to do this. The supervisor, however, is always a pastoral therapist and he needs to be sensitive to the deep intra- and inter-personal relationships that are taking place in the program.

I conclude this paper by reminding myself that it is vain for anyone of us to call himself "chaplain" or "pastor" or "theological student" without concern for his own spiritual health. Pastors who are careless about their own spiritual health will discover that they are lacking something personal and profound and dynamic in their care of patients. If we want to be a real and vital part of the healing community we need to practice our vocation with all the skill and vigor we know.

There are many pressures today which cause pastoral supervisors and counselors to have the notion that something positive is gained in the counseling process when the clergyman renounces

[11] *Op cit.*, p. 93f.

his pastoral authority. Our desire to empathize at all costs so that we can by all means be nice guys is really a reaction to our anxiety to tell our people how it is and how we see it. We find it hard to exercise pastoral responsibility in the confusing, changing world in which we live. But this is our vocation and we have God's help in risking ourselves for more meaningful living and even in having the courage to fail from time to time.

PART III. THOUGHTS ABOUT THE FUTURE DIRECTION OF CLINICAL PASTORAL EDUCATION

I see the future direction of CPE moving out in several directions. First, I see it as the very core of continuing theological education for inservice parish ministers as well as members of religious communities. Clergymen and religious leaders of all communions and faiths need to keep abreast of the changing social patterns of life so that they can better communicate the timeless truth of the Gospel to the people of God today. The two day a week CPE programs (30 weeks per unit of CPE) should be extended to church settings. Since a large percentage of CPE students are in or will be assigned to the local parish, it seems obvious that clinical training in a parish setting would be very helpful.

A second direction in which CPE has started to move and should continue to move is in its relationship with the pastoral theology departments of the seminaries associated with ACPE. At the present time it is impossible to reach all theological students. If, however, seminary officials responsible for field education programs could be trained in supervision themselves, as it is practiced in CPE, they could upgrade field education and make it more meaningful for the students. This would foster a much more sensitive supervision of the student in his pastoral theology studies and assignments. In this connection, I would urge the leaders of ACPE to push for the complete recognition of CPE supervisors as members of the theological faculty with full faculty status.

A third direction in which I believe CPE must move is toward a greater community consciousness. Since its inception CPE has been closely identified with the institutional setting. Now is the time for CPE to move into the community. I see CPE programs developing in the inner city and being identified with community efforts to help with urban renewal. Inner city parishes will provide excellent centers for clergymen, religious leaders and seminarians to experience inter-and intra-personal relationships while providing additional resource help to the community.

As an Army chaplain I am pleased that the Army Chief of Chaplains is proposing to introduce CPE programs into the whole

structure of selecting and training chaplains for service with military personnel and their dependents. The Chief of Chaplains feels that CPE programs need to be integrated into the Army chaplaincy if chaplains really hope to meet the opportunities and responsibilities for service to society in our changing social order. To do this I see CPE programs helping to screen men for the Army chaplaincy. I also see CPE as a part of the continuing education of chaplains. Hopefully, all five major Army Medical Centers and some major army posts will be able to provide CPE training programs for military chaplains coming on active duty and for selected members of civilian clergymen. The inclusion of civilian clergymen and women will enrich the training experience and will certainly foster closer ties and understanding between the civilian and military communities.

Another area in which CPE must move is toward the conversion of the power structures that are dehumanizing men, women, and children and destroying our social consciousness as the children of God. It is one thing to work for the rehabilitation of a narcotic addict or an alcoholic, or the unlettered and unskilled . . . and it is quite another thing to work for the conversion of the ideologies that enable power blocs and corrupted social institutions to create the conditions that produce the lonely, isolated, depressed, self-hating, dependent people who fall victim to the heroin needle, the bottle and the white-slaver. When enough of our leaders realize that human beings are more valuable than the gross national product, when enough of them realize that the American standard of living is not the be-all and end-all of creation, we may begin to move toward true freedom. CPE is not a panacea for the world's ills, but it can be a rejuvenating force to remind responsible human beings that people are human, that they belong to God and to each other, and that people need people. "People who need people are the luckiest people in the world." That is why CPE can risk establishing programs with General Motors and General Electric and IBM and the United States Army. Pastoral education means the education we receive to shepherd each other better, and we do not have to be ordained clergymen to do that. Every man is a minister to his neighbor; we all participate in the priesthood of all believers.

THE ADVANCED COURSE AT THE US ARMY CHAPLAIN SCHOOL

By Chaplain (COL) Chester R. Lindsey

Career education for Army officers has recently been the subject of serious study and some debate. The Haines Board report, surveys, inspection visits by senior officers, and the appointment of the Emerson group to revamp the Army's leadership stance, all witness to the increasing attention being given the role of the Army officer in our society, and have a direct bearing on his education and training. The Chaplain School, for many reasons, finds itself now in the center, and really, the forefront, of changes taking place in the Army.

A CONARC requirement dating back to 1968, called Systems Engineering, has forced us to take a more systematic look at the relevance of our Advanced Course (C-22) curriculum to jobs performed in the field. The opportunity to offer a Master's Degree in sociology or counseling through a cooperative venture with Long Island University enriches the Chaplain School's program in a way never before possible. The development of true performance objectives by our faculty opens new vistas for the use of more creative methods of instruction. These three developments together—judging by the reactions of the class now in residence—have produced a new learning climate that is pleasant, challenging, and adult. What follows here is an attempt to share with you how we came to where we are now, and where we think we are headed.

CON REG 350–100–1, Systems Engineering of Training, prescribes the method by which CONARC school curricula must be developed. It is a systematic way of insuring that all instruction offered develops job-related skills and knowledge in the student. It is performance based, performance oriented, and performance judged. We start by identifying the duty positions for which graduates are to be prepared and then defining those duty positions by the separate tasks which comprise them. In our case, we developed a list of tasks, some six-hundred items in length, staffed it through the faculty, sent it out as a job-questionnaire to a hundred and fifty chaplains all over the world, and, after collating and analyzing their responses, verified it by in-depth on-the-job interviews with over forty chaplains at four CONUS installations.

Using the information developed in that process, faculty com-

mittees met over a lengthy period to select those tasks best suited for training at USACHS, and tried to identify the skills, knowledge, and attitudes required to accomplish the tasks in an acceptable manner. Much careful thought and many conferences were devoted to this identification problem, and in a sense it is still unfinished, because we work in a constantly changing environment demanding sometimes new and sometimes modified skills, knowledge, and attitudes. In our opinion, this is the critical step in the systems engineering process, since it determines the breadth and the intellectual quality of the eventual instruction. We will be seeking all the help we can get within and outside the Army in refining our identifications and definitions, particularly of the skills and attitudes required to perform pastoral tasks. There is much work yet to be done in this area. However, time and its pressures forced us to move on to writing objectives. These are statements which describe the behavior we expect the student to achieve, the conditions under which he will demonstrate it, and the evidence we will accept that he can, in fact, perform the tasks described. This raw material is the basis upon which the Chief of Chaplains determines the objective which he asks the school and the U.S. CONARC to achieve in the training of chaplains. These objectives are the keystone in the arch of building our educational strategy.

To illustrate the procedure, one of the tasks we selected for training was "resolve organizational problems." We discovered that this task, number B404A in our inventory, was performed by 94 percent of the supervisory chaplains we surveyed and interviewed, and thus became a logical candidate for inclusion in our program of instruction. In analyzing the task, we determined that skill in identifying organizational problems, a knowledge of how organizations behave, how people relate to each other on the job, and how groups function, were essential to accomplish the task successfully. Concern for the organization as a whole, objectivity, and his own personality are also important resources for the manager in resolving organizational problems. Our objective, therefore, became the following:

> "Given instruction in organizational behavior and a series of simulated situations describing problems in the religious program at an installation, the student will: identify the major problem and its cause in each case study; identify resources available to the supervisory chaplain in resolving the problem; identify an approach to resolving it which can be handled within available resources, which recognizes a priority of importance, which maintains continuity without undercutting existing successful programs, and which recognizes time constraints. The student will also identify two methods of evaluating the effectiveness of his solutions."

Analysis of this objective made it clear that the best methods of instruction would be a combination of short presentations, gaming techniques, in-basket exercises, a case study, and a seminar to wrap up the process and share solutions. As it turned out, the students found this particular block of instruction very interesting, stimulating, and relevant.

The net result of over six months of very intensive faculty work was a program of instruction containing a hundred and thirty-nine such performance objectives, clustered in logical pedogogical sequence and grouped under three major headings. Twenty-two are in the Pastoral Activities area, comprising 217 hours of instruction. Basically they deal with our religious and pastoral skills. The total number of hours represents a somewhat heavier emphasis in this area than has been part of our past curriculum. We feel that developments in modern religious practices and current social problems are of such magnitude and impact that we need to re-emphasize this area of instruction. It also is true that our primary function is to serve as the religious leaders in the Army. Consequently, the focus of these objectives is on the contemporary religious situation and the requirements placed on us by the changes taking place in it.

Forty-two objectives are based on tasks in the category of Management/Supervision and require 302 hours of instruction. This area comprises the heart of the course and describes its central purpose, namely, to train potential supervisory chaplains who are managers of the religious program within the Army. We do deal in these objectives with many of the more mundane but necessary administrative tasks, such as manpower surveys and resource management, but we try to do it from a pastoral standpoint. We recognize fully the great impact that interpersonal factors have in managing Army organizations, and training in such skills is fully integrated into these objectives.

The remaining sixty-five objectives deal with the specific environment of the military chaplaincy, called Military Operations, and require a total of 190 hours, including 28 hours devoted to common subjects required by CONARC in all service schools. The Chief of Chaplains requires that graduates be fully cognizant of the military environment in which they function as staff officers. There has been no diminution of emphasis on the demanding requirements placed on us as chaplains by that role. We feel that sharpening military skills and knowledge, to the point at which the chaplain becomes the most effective staff officer his commander has, is far from wasted effort—it is a requirement. And we think our objectives in this area make it very clear how rele-

vant this instruction is to our clerical and managerial roles as well.

These 139 objectives, which comprise the core of our curriculum, are by no means all of it. The Haines Board in 1968 recommended implementation of graduate level electives courses. USACHS has had a few electives offered by Long Island University professors for several years as a part of the C–22 course. The Chief of Chaplains urged that students be given an opportunity, through an elective program and through additional evening work on their own, to complete LIU residence requirements for a Master's Degree. The faculty pursued this objective to a successful conclusion. Through a combination of credit given for objectives taught by the USACHS faculty and electives taught during the day twice a week by LIU professors at USACHS, students earn 9 credit hours per semester. The opportunity to attend a compressed, 3 week "mini semester" before our POI program begins in the fall and after it ends in the spring, and a 3 credit hour course one evening per week during the semester, all at the LIU campus, make it possible to complete 15 hours of credit per semester or 30 hours total in the year. The student can then write a thesis for 6 credits after leaving USACHS, or take an additional course in the evening each semester during the C–22 course, thus completing his degree requirements.

This is a heavy academic load. It is also a fine opportunity. Two degree programs are offered: Sociology and Counseling. We feel that anyone who goes the whole degree route, in either discipline, will have greatly increased his professional competence. For those who do not elect to work for the degree, the LIU courses in our curriculum immeasurably enrich, both in content and quality of teaching, our educational program.

Perhaps the more significant aspect of developments here at USACHS has been the implementation of the course. There is a general feeling in our country that institutions of higher education are in trouble, in part at least because they generally fail to engage the full range of experience and curiosity which adults bring to educational situations. That feeling, and a requirement to remedy such situations where they exist, is clearly expressed in the Haines Board report. In seeking to implement that document at USACHS, we examined the range of possibilities open to us in trying to treat chaplains as the adult graduate-level students they are, and decided to change our methods. We perceived two requirements. The first was that as much work as possible should be done in smaller groups, making extensive use of seminar, gaming, case-study, and group discussion processes. The second was that, to make such an approach really effective and productive of

learning, we had to give some training to these small groups, which we call "learning teams." Consequently, we secured the services of Dr. Earl Shay, Professor of Practical Theology at Moravian Seminary, to conduct a one week Institute in Adult Learning Procedures, as the first week of instruction in the course. This program, commonly known as the Indiana Plan, has been used successfully in the Army before, but never on this scale, and never has it been applied to a curriculum in the way we are using it. It proved effective in building group discussion teamwork among our students and faculty to the degree that our present students have taken responsibility for their own learning, and we have given them both the right to adjust our objectives within certain limits (minimum standards must be met first) and the opportunity to participate in their own evaluation. This program is really an exercise in building teamwork, and has some implications that go beyond the walls of this institution. As we move into a period in our national history when the role of the clergyman is being increasingly questioned, and in which our particular ministry is called upon to adjust to changing concepts of authority and discipline, it is obvious that we must be more effectively a team. Respect for each other and the ability to cooperate toward a common goal will become more and more important in teaching chaplain professional skills. We believe that our methods and our curriculum are helping us to express our loyalty to each other more effectively, and that this skill will carry implications far beyond this educational setting in building a more effective chaplaincy.

This year is in some ways an experimental one for us. We are building, hopefully toward a better future. The *ecumenical* concept of sharing our common burdens while deeply respecting our religious and traditional ecclesiastical differences is the one we want to emphasize. We think that we are on a path which promises fruitful results, and we hope you will look forward to spending a year in the career course if you have not yet attended it.

VALUE EDUCATION

By Chaplain (COL) Bertram C. Gilbert

Army chaplains have for years been involved in the work of value maintenance and formation. *Character Guidance, Moral Heritage* and *Human Self-Development* programs are nominal testimony to the fact that we have taken seriously this function which amplifies the spirit of the chaplain's role as advisor to commanders in matters of morality and morale. Some of us have justified this aspect of the ministry by calling it a kind of "tent making" which puts us in a position to go about our Father's real business. Others have considered it a duty in which we as citizens have a special talent and a special training. Still others have considered it an entrée with men and women who might not otherwise relate to us. In any event we have been the Army's primary specialists in moral education.

In this past year, the question of the manner in which we are to go about this effort has been raised with such intensity that it seems necessary to take a look at the methods we have been using and should use. Current studies have shown that even in the *Moral Heritage* scheme, the deductive-didactic has been the method of choice. We deduce from first principles and then prescribe guidelines. This is a time-honored method which presupposes certain values derived from an unimpeachable authority. The formulations derived can then be laid before people in such a way that they will be accepted and incorporated in their own life styles.

Now, this system is not without its merit and appeal even among a good many young people today. One can hardly enter into a conversation with a "now generation" type without hearing the Mosaic "Thou Shalt Not Kill" quoted with great appreciation. How would they know it if some teacher had not laid it on the line as beneficial law? It is surely a mistake to believe that young people are not in need of and in some ways actually athirst for authoritative guidance. Mark Gerzon, writing about the way in which the fathers have failed the sons, says,

> "They left the 'telling' up to the public: the church, the school, the media, and the peer group. In this situation obedience was no longer such a simple thing. A father's system of rights and wrongs had usually been clear, and when it wasn't, he would make it clear behind the woodshed. But when his authority became diffuse and anonymous, when it was parcelled out to many institutions, a child

was in a complex situation. The question was not simple obedience but obedience to what. . . . The generation joined Bob Dylan in the lament: 'I've got nothing, Ma, to live up to.'" [1]

There are, however, certain cogent objections to the didactic method, not the least of which is that there really has been what Paul Tillich called a "shaking of the foundations." It has been a shaking with such a high rating on the ethical Richter scale that virtually every *ipse dixit* is suspect to a significant number in our audiences. Nor is this scepticism confined to the intellectual elite in the military. At the US Army Chaplain Board, field testing of films shows repeatedly that objections to what is thought to be the party-line in Moral Heritage films appear more often in groups where the intellectual level is relatively low.

Realizing this problem, the Army Chaplaincy produced the *Our Moral Heritage* series with instructions to the field that it was all to be based on an inductive, discussion-oriented, concept. Values were to be raised to high acceptance levels by means of group examination. The instructor was to act as resource person and enabler. Here was a direction in complete conformity with almost every current study and volume on the subject of communication. For example, Douglas C. Basil, a Professor of Management in the Graduate School at USC, writes in his most recent book:

> "The leader must consider the group mores both as they affect the individual and his behavior. At this point, each man's search for recognition comes to the fore. He may search for recognition solely from his group membership and reject any form of recognition from the leader. The soldier and especially the draftee, may place a much higher premium on acceptance by his group than on the formal trappings of rank or privilege from his officer." [2]

Philosophically, the *Our Moral Heritage* series broke with the former Natural Theology/Natural Anthropology approach which had come under severe criticism as well as dilution even in Roman Catholic circles.[3] Essentially the newer approach was supposed to be one of Socratic reliance on the uncoverability of virtue in individuals themselves. Again, this method and philosophy has merit and the authority of nearly every renowned educator this side of 1850. Having said this, however, we must also say that it has its drawbacks. First among these is the lack of ability on the part of instructors to use the method. Following closely is the difficulty of its use in those kinds of settings we have in the

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[1] Mark Gerzon, *A Young Man Looks at Youth's Dissent* (New York: Viking Press, 1969) pp. 130–131.

[2] Douglas C. Basil, *Leadership Skills for Executive Action*, American Management Association, Inc., 1971, pp. 20–21.

[3] See the articles by Bruce Goldberg and William J. Ellos, S. J., in *Modern Age*, Summer, 1966, pp. 266–277.

Army. Complaints were frequent and well-founded concerning the size of classes and the juxtaposition with classes taught along didactic lines. One can hardly expect a soldier to believe he is really free to speak his mind when he has just had a straight talk lecture by his drill sergeant on "obedience" and when he is one of 500 in a marched-to theater.

These complaints, as well as feelings of insecurity among chaplain instructors,[4] may account for the fact that many chaplains could not or would not put the inductive-nondidactic method into practice.

Once again the Army Chaplaincy has reacted by promulgating another program. This time it is the Human Self-Development program. The word *human* is used to emphasize the idea that we do not intend to manipulate persons as though they were "things." The word *self* is there to emphasize the dignity, responsibility and personal autonomy of humans. The word *development* is used to suggest process rather than perfection as the goal. It is a program calling for a local tailoring of methods, topics and approaches to value formation. Needs as well as possibilities can be more accurately judged where the action is. It calls for the use of both didactic and nondidactic methods and for supportive influence in other ways than formal classroom presentations.

Key to the success of the program lies in what are called planning units whose function is to formulate the plan and present it to the commander, using experiential factors in a cycle of dynamic promotion.

Since the system has no "school solution," since commanders have objectives rather than requirements, and since even the name of the program need not be uniformly used, the particular form it takes will vary from post to post and from time to time. Here is exactly what commanders and chaplains have said they always wanted, namely, the chance to do their own thing at their own discretion, using the resources provided by the Chaplain Board.

It is too early to predict the extent to which local initiative will grasp this opportunity and use this flexibility, but it is not too much to say (in light of the history of our dedicated efforts in value education) that if this system doesn't work, we will probably keep on trying to develop one which will.

[4] Reported by Reed and DiSalvo and NTL consultants.

THE FITZSIMONS MODEL FOR THE HUMAN SELF-DEVELOPMENT PROGRAM

Chaplain (MAJ) Robert D. Crick
Chaplain (CPT) Douglas J. Groen

The Human Self-Development Program is an opportunity provided by the Army to give its personnel a chance to step out of the hectic pace of the day. It is a flexible program which provides time to explore and to discuss with others the vital issues of life affecting each person's freedom as an individual in a group, and his pursuit of happiness as he strives to be a responsible, mature person in the community.

TEAMWORK

A chaplain may delude himself into thinking that he is the *only* authority who can operate the program. In some areas such a view may be appropriate, while in others it would be disastrous. In reference to the latter, one pictures the competitive, insecure, highly controlled chaplain majoring in superficial relationships. He not only isolates himself from the hospital or unit staff, but alienates himself as well. Presented as either a pompous fool or as a compromising conformist, he zealously guards his kingdom of responsibility lest anyone trespass on holy ground. *Co-operative involvement* is a foreign phrase in his vocabulary. A word like *interdisciplinary* often frightens him, since he may become over-exposed and be seen as a human being with limitations. Consequently the other members of the staff merely tolerate or, even worse, ignore him.

A serious issue in implementation concerns whether the chaplain sees himself as a responsible peer among other leaders on the staff or feels inhibited by other authority figures and therefore withdraws. Only the chaplain who is an equal among equals, not only in education, but in day-to-day functioning, will be valued and respected as he shares in the pulse and pace of the Command.

Human Self-Development is ultimately the responsibility of the Command. Key staff members—usually overworked already—need to believe in the priority of this program. One way to rejuvenate it is to involve the staff as group leaders, tapping a wide cross section of the Command. The utilization of the staff as resource group leaders is accompanied by benefits that transcend the stated objectives of the program. Staff involvement projects a

concern for the soldier, a willingness to invest time and personal energy in his development. It becomes a vital link of communication opening up a two-way street between officers and enlisted men. Feelings are ventilated, minimizing the threat from mounting pressures. If these feelings are not handled, the resultant pressure may be released destructively through "acting out" in irresponsible behavior—leading to necessary disciplinary action accompanied by a loss of time and energy. Another gain is that leadership is tested in terms of whether leaders can listen, communicate, and adapt, or whether they are rigid, controlled, and authoritarian. Furthermore, vital issues in the Command can be monitored, such as racism, women's rights (WAC's), drug usage, and standards of conduct.

Before chaplains are encouraged to implement the program by involving key staff members as group leaders, however, a more basic question needs to be answered, a question which concerns *chaplain motivation.* Are we as chaplains sold on the program? If we are not, or are merely lukewarm, how can we expect to sell a new approach to the command?

Many dedicated commanders are concerned with the development within their units of healthy attitudes and strong values. In the past, some commanders attempted to mold these attitudes and values by placing the "fear of the Lord" into troops along the lines of the stereotype of leadership explicit in such films as "Patton." Today we realize that the application of raw power is not pedagogically sound; it simply doesn't work. Ideas or attitudes induced by fear lose their effect in the complexities of present-day life. Genuine human relationships that are useful in influencing others require a personal investment in "one to one" relationships or in small group contacts. To transmit real concern throughout a Command, the commander must do far more than simply arrange to be seen walking among his troops in the battalion area. He needs the help of his entire staff, beginning with the chaplain. It is ridiculous to believe that the commander alone can be an effective sounding board for several hundred soldiers.

THE FITZSIMONS EXPERIMENT

In a recent survey at Fitzsimons General Hospital, eighty-six percent of those interviewed felt that the Command did not listen to them. Even though the Command was active, this feedback from the average soldier alerted the chaplain section to a need to transmit to the soldier more concern for his welfare, his needs *as he understands these needs.* After appropriate preplanning, the hospital's executive officer endorsed the chaplains' concept of a new model—staff involvement as group resource leaders, utilizing

small groups not to exceed twenty people. The chaplains pooled their contacts and sorted through a list of potential resource leaders. It was necessary for the chaplains to distinguish between those who could facilitate communication and those who might not be secure enough to allow the openness for feedback which the model provided. Names of the former were selected and submitted to the commander.

A letter from the executive officer told potential group leaders of the Command's concern for the new program and stressed the importance of their active support in meeting the need. Each new leader received a follow up call from a chaplain, clarifying and promoting the new model. At the initial kick-off meeting it was gratifying to feel the mood of the lower ranking enlisted men change as they sat alongside NCOs and officers who were also cooperatively engaged in this challenge. A LTC Public Health Nurse, a PFC, a civilian Red Cross social worker, a Chief of Pharmacy, an NCO from Orthopedics, a psychiatric aide, an enlisted social worker, a WAC, and a Public Affairs officer from OCHAMPUS, among others, provided a unique group of people with wide-ranging interests and talents. Problem areas could be discussed and attacked with vigor.

The leader-participants in the new group eagerly went to work. Feelings were ventilated about mandatory training as the group struggled to test leadership and adapt to this new approach. Most of the leaders became stronger and more committed; a few sought a graceful way out. However, within two months the number of available resource leaders grew, since leaders invited close friends to join them as co-leaders. As momentum began to be generated, the necessity of responsible chaplain involvement increased. The chaplain considered the following issues: (1) the need to re-work materials to make them relevant and applicable; (2) the number of teaching options possible; (3) the need for training leaders in group dynamics, and offering other support as required; and (4) the need for assistance to enable leaders to accept and deal more easily with the complaints now surfacing from the troops.

A MULTIPLE STAFF MINISTRY

Many factors contributed to the effective execution of this program. One deserves special attention, namely, a chaplaincy which was *united* in attempting to make the program work. For three years, under the leadership of a clinically trained Staff Chaplain supported by similarly trained chaplains in the section, the groundwork at Fitzsimons was gradually laid. Contacts were shared in order to compile a list of resource leaders. Communica-

tions became more open and staff meetings began to provide realistic and useful feedback. The ability to risk confrontation, regardless of rank, and to challenge the status quo entered into the venture. By now it is well known that chaplains can work *independently:* the real test chaplains at Fitzsimons was to work as a *team* in a multiple staff ministry.

Certain questions must be raised if teamwork is to be effective. Among these questions are the following: Can the supervisory chaplain allow spontaneous and creative ideas to be aired and tested? Can the entire staff of chaplains permit new programs to develop, giving them their support regardless of who receives the credit? Are chaplains utilized in the area of their own particular strength in order to contribute in a vital way to a division of labor in which a careful stewardship of human resources is practiced? Or will the old philosophy prevail, namely, "Every man for his own chapel"? Such a philosophy in fact promotes an exclusive, competitive parochialism, undercutting worthwhile ecumenical endeavor. The discovery in the chaplain section at Fitzsimons was that a team does not pull together accidentally, nor does it necessarily agree spontaneously as to the value of pooling resources. Teamwork requires, among other things, a certain stability of assignments, insuring continuity of leadership and providing sufficient time for chaplains to discover each other's abilities, to develop trust, openness and group identity, and to develop rapport with the Command. It is surprising how personnel changes in a staff, whether gains or losses, sap energies and cause cutbacks in the operation.

Teamwork also requires that the command have a healthy image of the chaplaincy, an image which is not being distorted by unfortunate experiences with narrow, dogmatic, or otherwise insecure chaplains. A bad image can be altered constructively only by a *daily, steady, solid, effective* ministering on the part of every chaplain. Sporadic, spectacular events planned to dazzle the Command with the brilliance of the chaplaincy cannot take the place of this constant, faithful work.

BENEFITS

The moral gold to be mined is very real if the Command backs the program wholeheartedly. Some of the benefits possible from such backing are the following: (1) increased communication at all levels, promoting feedback by which anxiety levels can be monitored; (2) the development of lively dialogue, enabling the Command to combat a tendency toward depersonalization by the system; (3) better utilization of talented leadership and the identification of weaknesses in some leaders who may require assist-

ance if they are to be effective; (4) increased utilization of chaplains as group facilitators rather than solo performers; (5) the promotion of a healthy community; and (6) continued growth toward maturity in living as seen in the increased ability of members of the Command to make ethical decisions and to identify with values that will stand the test in a life of stress.

Informal leadership is often more powerful than the formal leadership provided by the structure of the system. It is important to discover where such informal leadership is actually being exercised, to discover "who is in command when the flag is lowered and the Command goes home." At that time "barracks lawyers" surface and informal authority goes to work. Power of this nature should be identified and turned toward constructive pursuits. Participatory management can then be put to work through the formation of needed groups such as enlisted men's councils.

Secondary gains are realized in terms of altering the self-image of the chaplain as he progressively "comes of age." As he shares the responsibility for the issue of morality, he can develop his ability to lead. He may lose his position as an exclusive arbiter of morality, but he gains something more important as a group facilitator. He moves among people to whom he belongs, giving up the pedestal required by the old stereotype. As Dorothy Parker once observed, "After all, a pedestal is just a shelf." In his new posture the chaplain forsakes an uncomfortable perch on a narrow shelf for a grassroots existence of daring involvement.

To create a program such as this without the "behind the scenes" groundwork is like striving to force a square peg into a round hole. It cannot be done without some solid preparation. First of all, we must ask ourselves if we, as chaplains, are ready to examine our own motivations and feelings in regard to the Human Self-Development Program. Second, is the Command leadership ready to back us or is their support lacking because they simply do not know or trust us? Third, does the chaplain see himself as solely responsible, or does he see himself as having a shared ministry with the whole staff? The final consideration is whether resource leadership is readily available, or whether new talent must be discovered and developed.

The rumblings of a new Army require new and exciting models to facilitate constructive change. Are we willing to by-pass traditional and empty forms to accept the challenge of the times—to handle change and channel it? Or do we compulsively resist the push of necessary change, patching up the old garment of authoritarian guidance and rejecting the new generation's demand for more colorful and perhaps more comfortable clothing? Who, indeed, will follow if we do not lead?

THE RESERVE COMPONENT CHAPLAIN [1]

The Reserve Component Staff Chaplains, Fifth US Army, are developing concepts which concern the role of Reserve and National Guard Chaplains in the areas of activities, training, and personnel. Although specific action to implement the concepts has yet to be completed, the sharing of their thinking can provide all chaplains with a better understanding of and appreciation for the Reserve Component chaplain.

Within the framework of military requirements, the Reserve Component chaplain must function and carry out his activities in a flexible manner. He must do his best to fulfill his mission, to engage in a continuing program of self-development and to grow within the context of his Reserve framework. His work is made more difficult by the following factors or problems:

1. He plays a dual role and carries double responsibilities. As a civilian clergyman, he is subject to the immediate pressures of his pastorate. At the same time, he must meet the needs of his military community and be responsible for his professional development as a military chaplain.

a. He lives at the grass-roots level where national policy is not defined, but is evaluated and criticized by the taxpayer-citizen.

b. He may perform his work with an isolated unit without the esprit de corps that is part of a full time, active unit. Like the active military establishment, the Reserve Components have felt the sting of criticism and hostility from the press and other communications media as a result of changing attitudes toward war, the military and the social scene. The reservist, including the Reserve Component chaplain, also suffers from the malaise that stems from the realization that he is militia, that he may be a "weekend warrior," that sometimes he is forced to use less than modern equipment and that he is not a primary consultant in terms of his military life.

2. In the light of the new concept of VOLAR for the Armed Forces, it is evident that a more dynamic policy must be formulated for the Reserve Components and, specifically, for the Reserve Component chaplain. In regard to the impact VOLAR will have on the Reserve Component chaplain, three assumptions are basic in the formulation of effective policies and programs.

[1] This article was submitted by Ch (LTC) Joe M. Ellison, Fifth US Army Reserve Forces Chaplain, who states that it is a condensation of a paper prepared by a number of Fifth US Army Reserve Component chaplains.

a. Assumption One. The greatest imperative confronting the Reserve Component chaplain is to understand that the military establishment is changing its philosophy and its operative procedures to correspond with changes in American society.

Facing pragmatic changes and confronting a culture that is both sophisticated and humanistically-oriented, the Army chaplain must adjust to new methods of serving men and women. It is significant that the most recent literature from the Office of the Chief of Chaplains reflects emphasis on such activities as "Rap Sessions," "Caring Groups," "Coffee-house Ministry," and "Expression Groups," as well as the traditional avenues of service namely, Bible study and counseling.

"Operation Awareness," which started in the 82d Airborne Division is September, 1969, is a dramatic example of an effective program in which the chaplain gained support from both soldiers and community in dealing with drug addiction. With the wholesale diminution of authority so prevalent in modern western culture, it may be predicted that the chaplain as a religious authority figure will diminish. This is as it should be, for, in the final analysis, he has no authority except the Deity whom he represents. In a day when youth cries, "Take it to the streets!" the chaplain may gain credibility only when, like Moses, Christ, Francis of Assisi, Martin Luther, John Calvin, or John Wesley, he goes to the people. Of course, the successful chaplain has always done this.

The CONARC VOLAR Plan for chaplain activities stresses smaller groups, a variety of types of religious services to meet the needs of persons of differing life styles, chaplain availability for off-duty hours and church-family relationships. In addition, it anticipates innovative programs which will lead to much greater participation in human relations programs such as drugs, race and dissent.

b. Assumption Two. The organized Reserve Forces will continue as a "back-up force" to a smaller, professional MVA and these must reflect the concerns and goals of new concepts. To be of maximum service, the Reserve Component chaplain must develop expertise in dealing with social problems as well as compassion in dealing with men.

It is perhaps hypothetical to assume the continued existence of an organized Reserve Force. One can only base such a prediction upon past experience plus the probability that VOLAR will be a smaller, more professional Army demanding a larger force of trained citizenry in the event of a national emergency. Secretary of Defense Melvin Laird has stated that a strong Reserve Force will support MVA. Assuming this to be true, one can safely pre-

dict that the Reserve Component chaplain will reflect the same set of interests and concerns as the chaplain in the Active Modern Volunteer Army, as emphasized in the Chief of Chaplains' *Five Year Program* for FY 1972–1976.

The Chief of Chaplains' *Five Year Program* emphasizes intensified, continuous training for chaplains on active duty. Installation training, spaces for graduate work in civilian universities, professional development workshops, short course training in civilian and military institutions and other budgetary provisions keynote the aim of the military chaplaincy to be alert and sensitive to social change. "In today's rapidly changing world, chaplains need continuing education. The Army will be better served by chaplains who are cognizant of changing concepts and techniques." [2]

c. Assumption Three. It must follow as a corollary of Assumption Two that the Reserve Component chaplain be offered opportunities for development to insure his greatest proficiency. (This is in addition to his civilian educational opportunities.)

This principle is in line with the objective of the Chief of Chaplains which is "to develop a professional and educational readiness for Reserve Component chaplains through various educational and training media." Furthermore, "Readiness for mobilization of Reserve Component chaplains is vital to the Army chaplaincy, because of procurement lag and deficiency of experience in newly commissioned chaplains."[3] Among the objectives of the Chief of Chaplains is the statement, "Support training and professional development of Reserve Component chaplains." [4]

There is a tremendous reservoir of abilities and skills within the ranks of the Reserve Component chaplaincy. The dedication of these chaplains has been amply demonstrated in the last three decades. These men, some of whom have adjusted to countless situations of stress and danger, have combined faithful service to their churches with equally zealous duty within the military framework of the Reserve program. There should be unhesitating acceptance by the Reserve Component chaplain of his vital role in helping to achieve worthwhile goals which make training more effective and in supporting those procedures which lead to fulfillment for the individual soldier.

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[2] Chief of Chaplains' *Five Year Program*, FY 1972–1976, Project I–5.

[3] *Ibid.*, Project I–6.

[4] Chief of Chaplains' Ojectives For The 1970's, DA, 1 August 1971, para. D. 7, (Appendix III).

ADVANCED COURSE—US ARMY CHAPLAIN SCHOOL

A typical Advanced Course "learning team" at the Chaplain School, where creative changes are taking place.

● Beginning in September 1971, the Chaplain School Advanced Course has emphasized Long Island University graduate school courses and small group "learning teams." See the article by Chaplain Lindsey.

● Chaplain (Major General) Gerhardt W. Hyatt returned from his first staff visit to Pacific commands since his appointment as Chief of Chaplains. "I observed a number of exciting trends which have surfaced during recent months," he said. "They indicate that our basic philosophy is coming alive and impacting significantly on the military community."

The month-long trip began in Hawaii where Chaplain Hyatt participated in the USARPAC Command Chaplains Conference, 8–11 November 1971. After a weekend visit in Japan, including a Sunday morning service at Camp Zama Chapel, he spent a busy five days in Korea, visiting commanders and chaplains from the DMZ to Pusan. The following weekend, 20–22 November, he was on the island of Okinawa where he talked to chaplains, heard staff briefings and mingled with the troops at a Sunday night dinner and "Praise In."

A week in Vietnam provided a great deal of essential information for future planning. Chaplain Hyatt was impressed by the imaginative ministries which chaplains were conducting during a period of turbulence. He preached at a Thanksgiving Day service at Tan Son Nhut and a Sunday morning service at the Retreat Center at Cam Ranh Bay. He ended the Far East portion of the trip with a three-day visit to Thailand.

On 4 December 1971, Chaplain Hyatt arrived in Washington, D.C., having circled the globe, traveled 27,000 miles and visited almost every Army chaplain in the Pacific. He was accompanied by Chaplain (MAJ) Richard K. Martin.

● Recently the Chief of Chaplains announced the following Colonel assignments to major commands:

Chaplain William G. Devanny to be Staff Chaplain, US Continental Army Command, vice Chaplain John J. Sullivan, who will retire 30 April 1972.

Chaplain Louie W. Walter to be Eighth Army Staff Chaplain vice Chaplain James V. Coleman.

Chaplain Earl S. Bloxham to be Staff Chaplain, First Army, vice Chaplain William F. Pitman, who will retire 30 April 1972.

Chaplain Albert F. Ledebuhr to be Staff Chaplain, US Army Europe, vice Chaplain Bloxham.

● Chaplain (COL) Duncan C. Stewart has recently been appointed as the Executive Director of the Armed Forces Chaplain Board, replacing Chaplain (COL) Hans E. Sandrock, an Air Force chaplain. In addition to the Executive Director, the AFCB consists of the Chiefs of Chaplains of each service and three additional chaplains appointed by the Secretaries of each Military Department.

The Executive Director serves as an ad hoc member of 16 advisory committtees, including one which meets with civilian experts to select the Unified Curriculum materials to be used in religious education programs. Another important committee selects the programs which are used by the Armed Forces Radio and Television Network, and a third committee coordinates the overseas visits of denominational representatives.

● Chaplain (LTC) Richard W. Kohl is currently assigned to the Office of the Deputy Chief of Staff for Personnel, Department of the Army, Drug Abuse Control Division. As the only chaplain serving on the General Staff of the Army, his duties are varied. He is responsible for the DA Alcohol and Drug Education Program, and he recommends the educational materials to be made available to commands and installations by DA. He reviews all of the Program's written materials, previews its films, and field tests its innovative educational materials. He also coordinates drug-related areas with the Office of the Chief of Chaplains.

● Chaplain (LTC) Martin W. Heinicke, assigned to the Leadership Department, US Army Infantry School, Fort Benning, Georgia, was in the right place at the right time recently when CONARC gave the go-ahead for a new experimental 8.6 week BCT program. The USAIS Leadership Department was given the task of developing a 10-hour block of instruction to be called "Discipline, Morality, and Traditions." This meant condensing 16 hours of general subjects, including Human Self-Development, from the former BCT program, into the new time frame. As a member of the USAIS planning committee, Chaplain Heinicke arranged a meeting between this committee and the US Army Chaplain Board. At that meeting a progressive subject schedule was developed in which time was allotted for all the required Human Self-Development instruction.

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